



TWIN TIERS

CHRISTIAN ACADEMY

Elevating truth, faith, and wisdom.

Dear Friend,

Thank you for your interest in enrolling your child at TTCA! Enclosed, you will find the necessary paperwork to begin this process. Please note, submitting the paperwork does not guarantee enrollment. It is, however, very helpful in moving the process along.

For those who are not too familiar with TTCA, we have been in the business of assisting families with their children's education since 1976. First of all, we sincerely believe the Bible clearly gives the responsibility of teaching children to the home. Since the beginning, our ministry has been here as a tool to assist the home in its God-given role. I am excited at the prospect of partnering with you.

What truly sets us apart from the other schools around us is our philosophy. Some may call this our mindset. Or, a better description, it is our worldview that makes us different. In part, I have already alluded to that worldview when I expressed our desire is to assist you in your role of rearing the next generation. Of course, there is much that can be said beyond this.

As you examine our school, among other things, I'd invite you to consider our academic standards, our desire for a disciplined classroom, and our extracurricular opportunities for all of the students.

Before an enrollment can be finalized, an interview with the prospective student and his or her parents (or guardians) is required.

Most of all, I look forward to discussing with you in more detail how we can help you help your student become all God would have him or her become.

For Christian Education,

Dr. Cary Shaw

Head of School

Twin Tiers Christian Academy

www.TwinTiersChristianAcademy.org

1811 N. Chemung Rd., PO Box K, Breesport, NY 14816
607-739-3619

NEW STUDENT ENROLLMENT APPLICATION

Date of Application _____ For School Year _____

Parent's Names _____

Mailing Address _____

Home Phone _____ Church Attending _____

Please list below the student(s) to be enrolled:

	<u>Last Name</u>	<u>First</u>	<u>Middle</u>	<u>Sex</u>	<u>DOB</u>	<u>Grade to be Entered</u>	<u>SS#</u>
1).	_____						
2).	_____						
3).	_____						

Name & Address of last school attended:

School Phone _____ School Bus District _____
(needed for district census purposes)

Has the student(s) ever been suspended or expelled from a school? Yes ____ No ____ If yes, please explain _____

Do any of the above children have any mental or physical problems (allergies, injuries, etc.) that the school or teachers should know about? Yes ____ No ____ If yes, please explain _____

Do any of the above students have a current 504 Accommodation Plan or IEP? Yes ____ No ____
(If yes, please provide a copy.)

My student's picture can be used in school literature, on school webpage, etc.? ____ Yes; ____ No

Office Use Only

Date Received _____ Registration Fee (\$50) _____ Reg. Fee (bal.) _____ Fam. Info. Form _____ Appl Fee _____
Medical Release ____ Student Questionnaire ____ SMART ____ Tuition Plan: 10 mo. ____, 11mo. ____, pd. in full _____

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MEDICAL INFORMATION AND HEALTH HISTORY

Student's Name _____
Physician's Name _____
Physician's Phone _____

Date of Birth _____
Dentist Name _____

Please indicate any difficulties during pregnancy, labor, delivery, and/or shortly after birth.

Were developmental milestones, such as walking, talking, toilet training, etc., considered within normal limits?
Yes _____ No _____ If not, please explain.

Student History

Accidents: a. serious head injury _____
 b. Other _____
Eye difficulties: a. "Lazy" eye _____
 b. Glasses _____
 c. Surgery _____
Ear Problems: a. Ear infections _____
 b. Tubes _____
 c. Hearing loss _____
Heart: a. Heart murmur _____
 b. Congenital _____
 c. Fainting _____
Respiratory: a. Asthma _____
 b. Bronchitis/pneumonia _____
Kidney/Bladder: a. Kidney disease _____
 b. Bladder infection _____
 c. Enuresis (bedwetting) _____
 d. Encopresis (fecal soiling) _____
 e. Undescended (or one) _____
 Testicle _____
Musculoskeletal/Orthopedic
a. Fractures _____
b. Adaptive equipment _____
c. Right Hand _____ Left Hand _____
Chickenpox _____
Mononucleosis _____
Tuberculosis TB contact _____
Diabetes _____
Hepatitis _____
Thyroid Disease _____
Speech Defect _____
Emotional Problems _____
Seizure Disorder/ Convulsions _____
Dental Care: a. Date of last visit _____
 b. Braces _____

Family History

Does any blood relative in your family
have a history of:
Check and indicate relationship to child
Diabetes _____
Anemia _____
Cancer _____
Seizures _____
Blood Cell anemia _____
Birth Defects _____
Sudden Death-under age 50 _____
Depression _____
Learning Problems _____
Color Blind _____

Student Hospitalizations:

Student Surgeries:

Is the child currently taking medication? _____

If so, drug name _____

Is medication required in school: _____

Has child been on medication in the past? _____

Insurance Co. or Plan Name:

Insurance Policy Number:

Reviewed by the School Nurse

Upon signing, we, parents or guardians, are stating that we will **NOT** hold TTCA responsible for accident/injury liability either during school hours or extra-curricular activities including sports contests, class trips, and class socials. We realize that the school does have a certain responsibility to our child and understand that TTCA will seek to ensure his or her safety and well-being at all times.

Signature of Parent/Guardian _____ Date _____

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Today's Date _____

One new form per family is necessary each school year.

Father/Guardian

Full Name _____

Address _____

Cell Phone _____

E-mail Address _____

Employer _____

Business Phone _____

Available to talk at work? Yes ___ No ___

Church Address & Phone _____

Pastor's Name _____

Member: Yes ___ No ___

Attend Regularly: Yes ___ No ___

Emergency Contacts: (if parents not available)

Name _____

Relationship _____

Phone Number _____

Mother/Guardian

Full Name _____

Address _____

Cell Phone _____

E-mail Address _____

Employer _____

Business Phone _____

Available to talk at work? Yes ___ No ___

Church Address & Phone _____

Pastor's Name _____

Member: Yes ___ No ___

Attend Regularly: Yes ___ No ___

Name _____

Relationship _____

Phone Number _____

Check if applicable: Married ___ Separated ___ Divorced ___ Widow/Widower ___ Remarried ___

Students live with: Both Parents ___ Mother ___ Father ___ Grandparent ___ Guardian ___

Children: (list those not being enrolled) Age DOB Present Grade

Child 1 _____

Child 2 _____

Child 3 _____

Please use the back to explain "why" you would like to enroll your child(ren) at TTCA.

STATEMENT OF PARENTAL SUPPORT

PARENTS:

Please read the following statements carefully and sign below to indicate your agreement.

1. I agree to uphold and support educational standards of Twin Tiers Christian Academy (TTCA) by providing a place at home for my child to study and give my encouragement, and help as I am able, in the completion of any homework or assignments.
2. I appreciate the social and spiritual standards of the school and do not tolerate profanity, obscenity in word or action, dishonor to the Word of God, or disrespect to the personnel of the school and fellow students. I hereby agree to support all regulations of the school and authorize the school, in keeping with stated policies, to employ such discipline as it deems wise and expedient for the training of my child.
3. I agree that while registered at TTCA my child will refrain from immorality, the use of tobacco, alcoholic beverages, and harmful, illegal, or controlled substances at all times, both on and off campus.
4. I agree to pay my financial obligations to the school by the due dates. I realize that accounts 30 days past due may be subject to a late payment fee if no arrangement has been made regarding a hardship situation. I also understand that if my account become 90 days past due, then my student will be subject to dismissal for lack of payment.
5. I understand the school reserves the right to dismiss any child (1) who fails to comply with established school regulations as outlined in written (handbook or handouts) and oral form, (2) who has severe attitude problems, or (3) whose parents' or guardian's financial obligations remain unpaid.
6. I agree to release and hold harmless TTCA, its agents and employees from all claims, damages, or other liabilities to the student which are not the result of gross negligence by TTCA, its agents, or employees. Further, I understand that the school does not carry liability coverage on students and therefore, absolve the school from liability due to any injury to my child at school or during an away from school activity.
7. The Parent agrees to indemnify TTCA for any damage or destruction done by the student to the buildings, equipment, books, or any other property owned by or in possession of TTCA or Breesport Baptist Church.
8. I understand that the services of the school are engaged by mutual consent, and that either the school or I reserve the right to terminate any or all services at any time. I understand that the school handbook does not contractually bind TTCA and is subject to change without notice by decision of the TTCA school board. Admission to the school is a privilege, not a right, and admission for one school year does not guarantee admission for future years.

Student Name (printed) _____

Father/guardian Signature _____ Date _____

Mother/guardian Signature _____ Date _____

STATEMENT OF STUDENT SUPPORT

STUDENTS:

Please read the following statements carefully and sign below to indicate your agreement.

1. I appreciate the social and spiritual standards of TTCA and will not tolerate or use profanity, obscenity in word or action, dishonor the Word of God, or show disrespect to the personnel or property of TTCA or the Breeport Baptist Church.
2. I agree that, while a student at TTCA, I will refrain from immorality, the use of tobacco, alcohol, and harmful and illegal drugs at all times both on and off the campus.
3. I agree that, while a student at TTCA, I will not possess, transport or harbor on the campus any of the following: weapons (including but not limited to guns, knives, lighters, etc.), drugs, alcohol, pornography, or anything else that is detrimental to the mission of TTCA.
4. I agree to support and abide by all regulations of TTCA as outlined in written (handbook or handouts) or oral form. I have read and agree to abide by the student dress code. I realize that discipline, suspensions, or expulsion from school may result from my refusal to comply with such regulations.
5. I appreciate that the faculty and administrators of TTCA will care for me, will pray for me, and will work with me to help me develop my God-given gifts and abilities for His glory and for my benefit and that of others.

Student Name (**printed**) _____

Student Signature _____ Date _____