

Timothy Christian Academy

2012-2013 Registration Form

Instructions: **Complete ONE form PER FAMILY.** Registration Fee - \$125 per student.
Refer to the **2012-2013 Tuition and Fees** prior to making your selections.

STUDENT(S) INFORMATION:

Grades K-8 Student Name(s) (Begin with the OLDEST child)	Date of Birth (Month/Day/Year)	Grade	Program (Circle One)
_____	___ / ___ / ____	_____	Half Day Academic Day Full Day (K only)
(First Name, Last Name)			
_____	___ / ___ / ____	_____	Half Day Academic Day Full Day (K only)
(First Name, Last Name)			
_____	___ / ___ / ____	_____	Half Day Academic Day Full Day (K only)
(First Name, Last Name)			

Preschool/Pre-K Student Name(s) (Begin with the OLDEST child)	Date of Birth (Month/Day/Year)	Program/Day (Circle Program & Day)	Days (Check all that apply)
_____	___ / ___ / ____	Preschool or Pre-K Half Day or Full Day	M ___ T ___ W ___ H ___ F ___
(First Name, Last Name)			
_____	___ / ___ / ____	Preschool or Pre-K Half Day or Full Day	M ___ T ___ W ___ H ___ F ___
(First Name, Last Name)			
_____	___ / ___ / ____	Preschool or Pre-K Half Day or Full Day	M ___ T ___ W ___ H ___ F ___
(First Name, Last Name)			

Student resides with: (Check all that apply)

Mother
 Father
 Stepmother
 Stepfather
 Guardian(s)

(If parents are separated/divorced, copies of custody papers and legal documents MUST be on file in the school office.)

Student Address: _____
Street

_____ City State Zip

MOTHER/GUARDIAN INFORMATION:

Name: _____
First M.I. Last

Address: _____
 (if different than child)

Preferred Email: _____ Home Phone: _____ - _____ - _____

Cell Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____

Church Attending/Location: _____

Employer: _____ Position: _____

Allowed to pick up child (circle one): Yes / No Emergency Contact (circle one): Yes / No

(TCA Office Only) Date Rec'd: _____ Reg Fee/Check # _____

B6T: _____ Facts: _____ Prepay: _____ Bk Fee/Check # _____

FATHER/GUARDIAN INFORMATION:

Name: _____
First M.I. Last

Address: _____
(if different than child)

Preferred Email: _____ Home Phone: _____ - _____ - _____

Cell Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____

Church Attending/Location: _____

Employer: _____ Position: _____

Allowed to pick up child (circle one): Yes / No Emergency Contact (circle one): Yes / No

Tuition and Payment Information:

Tuition Payment Options (Check one):

Your selection below is not binding; rather it is a statement of your intended payment option at this time. Should you desire to change your payment option, you may do so prior to the start of your FACTS contract by contacting the Admissions Office.

_____ I intend to pay TCA tuition using the FACTS Management Company. I understand that payments are made in ten (10) equal monthly installments beginning August 2012 for the 2012-2013 school year. Late enrollment would alter the number of monthly payments. FACTS contracts are managed electronically. After completing the registration process, you will receive information on completing FACTS contract requirements including the selection of payment dates and bank information. FACTS accepts the following forms of payment: electronic check, Mastercard, Discover and American Express.

_____ I intend to make full payment of tuition due for the 2012-2013 school year prior to the start of the school year. (Full payment received by August 1st will qualify the payer to the 5% Prepay Discount. Late enrollees may qualify for the Prepay Discount with immediate full payment.)

Understand that our tuition rates do not reflect daily or monthly charges, but rather the rate for one hundred and eighty (180) school days. The monthly payments are made available for your convenience. It is understood and agreed that failure to pay this note or any installment as promised when due, shall, at the option of the holder of said note, mature the full amount of said note.

To determine tuition discount availability, check all that apply below:

- _____ I am *active* military.
- _____ I am an *active* member of First Baptist Church of Mount Holly. (Eligibility requirements must be met to qualify for this discount. Criteria for eligibility are available upon request.)

Registration is complete upon receipt of this form and the appropriate registration fees. Book fees may be paid at the time of registration or no later than July 2nd. A late fee of \$25 may be added to fees due if book fees are not received in person or postmarked by July 2nd. All payments are to be made by check or money order to *Timothy Christian Academy*. **Early registration begins February 15 for existing families ONLY. Open Enrollment begins March 15. Since class size is limited, we strongly recommend early registration.** See 2012-2013 Tuition and Fees for complete details.)

Please submit application and fee to: Timothy Christian Academy • 1341 Woodlane Road • Eastampton, NJ 08060
 Phone: 609-261-9578 • Fax: 609-261-7122

I/We wish to enroll my child(ren) for the 2012-2013 school year. I/We have reviewed and tuition and fees information of the school and state that the information contained herein is true and complete. I/We will sincerely strive to support the administration, faculty, and mission of the school, and cooperate with its policies and procedures.

Printed Name	Signature of Parent/Guardian	Date
_____	_____	_____
Printed Name	Signature of Parent/Guardian	Date
_____	_____	_____

Notice of Nondiscriminatory Policy
 Timothy Christian Academy admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admissions policies, scholarship programs and other school administered programs.