

Last Name: \_\_\_\_\_

School Year: \_\_\_\_\_

## Trinity Christian Academy Training Center Student Application

The purpose of TCA Training Center is to provide an environment whereby each student may choose spiritual, academic, and artistic opportunities of interest to participate in and enjoy. Anyone seeking participation in this program must complete and sign the following application.

**Church Affiliation:** \_\_\_\_\_

**Parent/Guardian Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Student Background Information

Has student/s ever been dismissed, suspended or received disciplinary action at ANY school or church? If yes, please explain fully: \_\_\_\_\_

Any diagnosed disorder that may impact learning abilities?: \_\_\_\_\_

Has student/s ever been involved with any of the following? If yes, please explain fully.

Tobacco     Fighting     Using/Selling Drugs     Weapons     Alcohol

Theft     Occult/Cults     Pornography     Abuse     Arrest

### Acknowledgement and Liability Waiver

**Because this is a voluntary program, we acknowledge that we are participating in all activities at our own risk. Therefore we fully absolve Trinity Chapel, the church staff, and TCA Training Center staff of any and all responsibilities concerning our personal well-being and safety.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Parent Volunteer Service Requirement

*TCA requires a parent/guardian to perform one hour of service for each hour their children are in class. Please indicate the area in which you will serve each hour. Registration staff can assist you in identifying an area of need.*

9 a.m.	
10 a.m.	
11 a.m.	
1 p.m.	
2 p.m.	

**List all students with last names; include infants, toddlers and preschool children.**

<b>1. Student:</b>		<b>Age:</b>	<b>Grade:</b>
<b>Birthdate:</b>  <b>Allergies:</b>  (Check if applicable) Student has permission to drive self to class <input type="checkbox"/>	9 a.m.		
	10 a.m.		
	11 a.m.		
	1 p.m.		
	2 p.m.		
<b>2. Student:</b>		<b>Age:</b>	<b>Grade:</b>
<b>Birthdate:</b>  <b>Allergies:</b>  (Check if applicable) Student has permission to drive self to class <input type="checkbox"/>	9 a.m.		
	10 a.m.		
	11 a.m.		
	1 p.m.		
	2 p.m.		
<b>3. Student:</b>		<b>Age:</b>	<b>Grade:</b>
<b>Birthdate:</b>  <b>Allergies:</b>  (Check if applicable) Student has permission to drive self to class <input type="checkbox"/>	9 a.m.		
	10 a.m.		
	11 a.m.		
	1 p.m.		
	2 p.m.		
<b>4. Student:</b>		<b>Age:</b>	<b>Grade:</b>
<b>Birthdate:</b>  <b>Allergies:</b>  (Check if applicable) Student has permission to drive self to class <input type="checkbox"/>	9 a.m.		
	10 a.m.		
	11 a.m.		
	1 p.m.		
	2 p.m.		
<b>5. Student:</b>		<b>Age:</b>	<b>Grade:</b>
<b>Birthdate:</b>  <b>Allergies:</b>  (Check if applicable) Student has permission to drive self to class <input type="checkbox"/>	9 a.m.		
	10 a.m.		
	11 a.m.		
	1 p.m.		
	2 p.m.		

Check if additional students listed on addendum page