



Packed With Power to Prepare Young People for Their Purpose

## **2020 Summer Discovery**

**Transformation Christian School  
5890 Etzel Ave.  
St. Louis, MO 63112**

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**Please read, follow each step that applies to you and sign below.....**

1. Set up an appointment to view the school if you are a new student.
2. Complete application and return with the registration fee of \$25 (along with a copy of birth certificate) on or before May 1, 2020. A late registration fee of \$75.00 will be charged for all students after May 1<sup>st</sup>.
3. A medical history and current immunization record must be submitted to the school office on the physician's letterhead on or before May 15, 2020. All students must have the following immunizations: Diphtheria, Tetanus, Pertussis (DTap/DT), Polio (OPV or IPV), Hepatitis B (HB), Haemophilus Influenza B (Hib), Measles, Mumps, Rubella (MMR) and Varicella (Chickenpox).

**Note: ALL STUDENTS MUST BE FULLY POTTY TRAINED PRIOR TO ADMISSION**

\_\_\_\_\_  
Father's Signature                      Date

\_\_\_\_\_  
Mother's Signature                      Date

\_\_\_\_\_  
Legal Guardian's Signature                      Date

\_\_\_\_\_  
Legal Guardian's Signature                      Date

SCHOOL USE ONLY:

DATE: \_\_\_\_\_ REGISTRATION FEE: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_

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# Parent Agreement

Child's Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**We understand that enrollment in Transformation Christian School is not a right, but a privilege.**

1. We/I promise to support the total program of Transformation Christian School to the best of our ability.
2. We/I consent to the training given by Transformation Christian School.
3. We/I understand that discipline is a positive training in the right direction and will support the school in its efforts to discipline our children (Proverbs 19:18 AMP - Discipline and teach your son while there is hope, And do not [indulge your anger or resentment or resentment by imposing inappropriate punishment nor] desire his destruction).
4. We/I further agree to cooperate by disciplining our children in the home.
5. Realizing the degree our children are influenced by our words and acts, we/I promise to refrain from negative remarks and discussions concerning the school in the presence of our children.
6. We/I also agree that when problems arise, we/I will come to the school in a spirit quietness and openness to discuss them with teachers or administration.
7. We/I shall endeavor to support and uphold the principles, practices, rules, regulations, and educational policies of TCS. If we/I have and disagreements with any of the school staff or another school parent, we/I will follow the scriptural procedures as found in Matthew 18:15-17.
8. **We/I shall pay tuition in advance by the 1<sup>st</sup> of the month on time.** If we/I chose to pay weekly or bi-weekly, We/I understand that my child/children's tuition must be paid in full by the 1<sup>st</sup> of each month.  
**In the event tuition remains delinquent by the 15<sup>th</sup> of the month, we/I understand the following:**
  - a. \$35.00 late fee.
  - b. **If tuition remains delinquent for 14 days, on the 15<sup>th</sup> day the child(ren) will not be allowed to attend school until the delinquent tuition is paid.**
  - c. No personal checks accepted.
9. We/I agree that if we cannot accept the standards of Transformation Christian School, we will withdraw our child(ren) from the school and forfeit all fees paid. Tuition may be refunded on a prorated basis at Transformation Christian School's discretion.
10. We/I agree to attend all Parent/Staff meetings and Parent/Teacher conferences.

## FIELD TRIP AND TRANSPORTATION PERMISSION

☐ **We/I do**

☐ **We/I do not,**

give consent for my child to take part in the field trips with TCS. It is my understanding that I will be notified when such trips are planned.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian's Signature

\_\_\_\_\_  
Date

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Please mark below what weeks your child will attend Transformation Christian School Summer Discovery 2020.

|   |   |
|---|---|
| <input type="checkbox"/> June 1 – 5, 2020       | <input type="checkbox"/> July 13 - 17, 2020   |
| <input type="checkbox"/> June 8 – 12, 2020      | <input type="checkbox"/> July 20 - 24, 2020   |
| <input type="checkbox"/> June 15 – 19, 2020     | <input type="checkbox"/> July 27 - 31, 2020   |
| <input type="checkbox"/> June 22 – 26, 2020     | <input type="checkbox"/> August 3 -7, 2020    |
| <input type="checkbox"/> June 29 – July 2, 2020 | <input type="checkbox"/> August 10 - 14, 2020 |
| <input type="checkbox"/> July 6 - 10, 2020      |   |

Estimated Time of Pick Up and Drop Off between the hours of 7:00 am – 6:00 pm:

\_\_\_\_\_

Are you a current member of Transformation Christian Church and World Outreach Center in St. Louis, MO?

☐ Yes

☐ No

Please list any additional child or children in your family that are attending TCS for Summer Discovery 2020:



# Transformation Christian School

## Student Application for Admission

Mark age the child will be by July 31, 2020 for class selection:

Lower School: ☐ 2 year old class ☐ 3 year old class ☐ 4 year old class

Upper School: ☐ K5 – 6<sup>th</sup> Grade

Grade level for the 2020-2021 School Year \_\_\_\_\_ DATE: \_\_\_\_\_

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

Last

First

Middle

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City

State

Zip

Telephone: ( ) \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Please check all that apply (optional, for statistical purposes only)

Ethnic Background:

☐ African American ☐ Asian ☐ Caucasian ☐ Hispanic ☐ Native American ☐ Other

What public government school district do you live in?

Sibling: \_\_\_\_\_ Age: \_\_\_\_\_ School currently attending: \_\_\_\_\_

Sibling: \_\_\_\_\_ Age: \_\_\_\_\_ School currently attending: \_\_\_\_\_

Sibling: \_\_\_\_\_ Age: \_\_\_\_\_ School currently attending: \_\_\_\_\_

Sibling: \_\_\_\_\_ Age: \_\_\_\_\_ School currently attending: \_\_\_\_\_

### **FAMILY INFORMATION:**

Student resides with (check all that apply): ☐ Father ☐ Mother ☐ Stepfather ☐ Stepmother

☐ Other (Please specify.) \_\_\_\_\_

Correspondence should be sent to: ☐ Both parents ☐ Father ☐ Mother

☐ Other (Please specify.) \_\_\_\_\_

|   |   |
|---|---|
| <p><b>Name of Father or guardian:</b><br/> <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Other _____</p> <p>_____<br/> <small>First Middle/Maiden Last</small></p> <p><b>Relationship to applicant:</b> _____</p> <p><b>Home Address:</b> _____</p> <p>_____<br/> <small>City State Zip</small></p> <p><b>Home Phone:</b> (_____) _____</p> <p><b>Cell Phone:</b> (_____) _____</p> <p><b>Email:</b> _____</p> <p><b>Position:</b> _____</p> <p><b>Employer:</b> _____</p> <p><b>Address:</b> _____</p> <p><small>City State Zip</small></p> <p><b>Work Phone:</b> (_____) _____</p> | <p><b>Name of Mother or guardian:</b><br/> <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____</p> <p>_____<br/> <small>First Middle/Maiden Last</small></p> <p><b>Relationship to applicant:</b> _____</p> <p><b>Home Address:</b> _____</p> <p>_____<br/> <small>City State Zip</small></p> <p><b>Home Phone:</b> (_____) _____</p> <p><b>Cell Phone:</b> (_____) _____</p> <p><b>Email:</b> _____</p> <p><b>Position:</b> _____</p> <p><b>Employer:</b> _____</p> <p><b>Address:</b> _____</p> <p><small>City State Zip</small></p> <p><b>Work Phone:</b> (_____) _____</p> |
|---|---|

|  |   |
|--|---|
| <p><b>If applicable, name of stepfather:</b><br/> <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Other _____</p> <p>_____<br/> <small>First Middle/Maiden Last</small></p> <p><b>Relationship to applicant:</b> _____</p> <p><b>Home Address:</b> _____</p> <p>_____<br/> <small>City State Zip</small></p> <p><b>Home Phone:</b> (_____) _____</p> <p><b>Cell Phone:</b> (_____) _____</p> <p><b>Email:</b> _____</p> <p><b>Position:</b> _____</p> <p><b>Employer:</b> _____</p> <p><b>Address:</b> _____</p> <p><small>City State Zip</small></p> <p><b>Work Phone:</b> (_____) _____</p> | <p><b>If applicable, name of stepmother :</b><br/> <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____</p> <p>_____<br/> <small>First Middle/Maiden Last</small></p> <p><b>Relationship to applicant:</b> _____</p> <p><b>Home Address:</b> _____</p> <p>_____<br/> <small>City State Zip</small></p> <p><b>Home Phone:</b> (_____) _____</p> <p><b>Cell Phone:</b> (_____) _____</p> <p><b>Email:</b> _____</p> <p><b>Position:</b> _____</p> <p><b>Employer:</b> _____</p> <p><b>Address:</b> _____</p> <p><small>City State Zip</small></p> <p><b>Work Phone:</b> (_____) _____</p> |
|--|---|

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**STUDENT BACKGROUND INFORMATION:** (List most recent school first.)

**Current School:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**Principal:** \_\_\_\_\_ **Dates Attended:** \_\_\_\_\_ **Reason for leaving:** \_\_\_\_\_

**Previous School:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** (\_\_\_\_) \_\_\_\_\_

**Principal:** \_\_\_\_\_ **Dates Attended:** \_\_\_\_\_ **Reason for leaving:** \_\_\_\_\_

Has the student ever repeated a grade? ☐ No ☐ Yes If yes, please give grade and reason. \_\_\_\_\_

Has the student participated in any special learning programs (gifted, resource, special education, IEP) Yes No

If yes, please specify: \_\_\_\_\_

Has the student ever received a disciplinary action? ☐ No ☐ Yes Explain. \_\_\_\_\_

Why would you like your child to attend Transformation Christian School? \_\_\_\_\_

How did you hear about Transformation Christian School? \_\_\_\_\_

**CHURCH INFORMATION:** If you attend a church, please provide the following information:

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

Street Address: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

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

Family's frequency of attendance: ☐ Once a week or more ☐ 2-3 times per month ☐ Once a month ☐ Less than once a month

***Our mission at Transformation Christian School is to work together with the home and church to aid in the academic and spiritual development of your child. Therefore, we require at least one parent to be a born again believer in the Lord Jesus Christ, and to be an active member of a local Christian Church. Please share your personal testimony of salvation through the Lord Jesus Christ and current walk with God in the space provided.***

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**EMERGENCY NUMBERS AND PICKUP INFORMATION:**

It is imperative that we have current emergency telephone numbers to locate parents. If a number changes, please notify.

|       |              |        |       |       |
|-------|--------------|--------|-------|-------|
| _____ | _____        | _____  | _____ | _____ |
| Name  | Relationship | Work # | Cell  | Home  |
| _____ | _____        | _____  | _____ | _____ |
| Name  | Relationship | Work # | Cell  | Home  |
| _____ | _____        | _____  | _____ | _____ |
| Name  | Relationship | Work # | Cell  | Home  |
| _____ | _____        | _____  | _____ | _____ |
| Name  | Relationship | Work # | Cell  | Home  |

**PERSONS AUTHORIZED TO PICK UP STUDENT:**

|  |                            |                     |
|--|----------------------------|---------------------|
| <b>Name:</b> _____   | <b>Relationship:</b> _____ | <b>Phone:</b> _____ |
| <b>Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____ |                            |                     |
| <b>Name:</b> _____   | <b>Relationship:</b> _____ | <b>Phone:</b> _____ |
| <b>Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____ |                            |                     |
| <b>Name:</b> _____   | <b>Relationship:</b> _____ | <b>Phone:</b> _____ |
| <b>Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____ |                            |                     |
| <b>Name:</b> _____   | <b>Relationship:</b> _____ | <b>Phone:</b> _____ |
| <b>Address:</b> _____ <b>City:</b> _____ <b>State:</b> _____ <b>Zip:</b> _____ |                            |                     |

**STUDENT MEDICAL INFORMATION:** Please complete all information in this section and submit **UPDATED** health information (including new immunizations) received from your doctor's office

Allergies: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Routine Medication: \_\_\_\_\_ How often: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group Number: \_\_\_\_\_

If Asthmatic: Please provide an inhaler or breathing apparatus that can be administered to your child in case of emergency or as needed on a daily basis along with an **Asthma Action Plan**.

**School Policy:** All medications administered to students require **Written Parental Consent**. This includes over the counter medication such as Advil, cough drops, and nasal spray. All medication must be provided by the parent.