TIMOTHY CHRISTIAN SCHOOL

REGISTRATION FORM 2017-2018

750 Essa Road, Barrie, ON L4N 9E9

Phone: 705-726-6621 Fax: 705-726-8571 E-mail: tcsgen@timothychristianschool.ca

Website: www.timothychristianschool.ca

FAMILY INFORMATION			
Last Name:	Father's Name:	Mother's Name:	
Street and Mailing Address:			_
City:	Province:	Postal Code:	
Home Phone:	Father's Cell:	Mother's Cell:	
Family E-mail Address:			_
Father's Place of Employment:		Work Phone: _	
Mother's Place of Employment:		Work Phone: _	
Church:	Denomination/Affiliation:	City where	e Located:
Emergency Contact:	Phone:	Relationship: _	
Emergency Contact:	Phone:	Relationship: _	
Family Physician:	Phone:		
Please provide any medical information such as allergies of which Timothy Christian School should be aware:			
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TRANSPORTATION			
Do you require bus transportation?		Yes No	
Do you have any special needs in r	regards to transportation?	Yes No	
NEW ENROLLMENT Please list all children who will be attending Timothy Christian School in September 2017.			
Name(s) of child(ren)	Birthdate Grade	in Health Card #	Previous School, if any
Please include middle name	(MM/DD/YY) Sept. 20	JI/	
Every year If you do not wish to have this in		utes a directory of our families and staff meneck here: □ Please do not publish my	
ENROLLMENT CHECKLIST			
(Parents) (TCS Staff)			
Student Registration Form (this form) Pastor Reference Form		Interview with Principal/Administrative AssistantResource Testing (if entering grades 2—8)	
Families Statement of Faith Parental Agreement Form		Acceptance Letter sent out School Fee Forms & PITCH Forms sent out	
Immunization Forms/Affidavit from the Health Unit			
Copy of each enrolled child's Birth Certificate Submit a non-refundable \$500 cheque (to be returned if application is not accepted by the school)			