

Returned on \_\_\_\_\_  
Approved by \_\_\_\_\_  
Fees paid \_\_\_\_\_

\_\_\_\_\_Preschool  
\_\_\_\_\_Elementary  
\_\_\_\_\_Middle School  
\_\_\_\_\_High School

# New Student Registration Form



Est. 1979

4200 Ramsey Street  
Fayetteville, NC 28311-2131  
Phone: (910) 822-7711  
Fax: (910) 488-7299  
Website: [www.ntaeagles.com](http://www.ntaeagles.com)

“But those who hope in the Lord will renew their strength.  
They will soar on wings like eagles;  
they will run and not grow weary, they will walk and not be faint.”  
Isaiah 40:31



# Northwood Temple Academy

4200 Ramsey Street  
Fayetteville, NC 28311  
Phone (910) 822-7711  
Fax (910) 488-7299  
www.ntaeagles.com

All information must be provided for this application to be considered.

Date of Application: \_\_\_\_\_ Grade to Enter \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Payment Plan: \_\_\_\_\_ Full Pay \_\_\_\_\_ Half-Year Pay \_\_\_\_\_ 10 Month \_\_\_\_\_ 11 Month \_\_\_\_\_ NC Opportunity Scholarship

Before/After School Care requested: \_\_\_\_\_ Yes \_\_\_\_\_ No Sex:  Male  Female

Ethnic Background:  American Indian/Alaska Native  Asian  Black/African-American  Hispanic/Latino  
 Native Hawaiian/Pacific Islander  White  Other: (please specify) \_\_\_\_\_

CHILD'S FULL NAME \_\_\_\_\_ GOES BY: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Child's Social Security Number \_\_\_\_\_

Other school(s) applicant has attended:

Name of School Location Grade(s) Date

Has your child ever applied to NTA or attended NTA? \_\_\_\_\_ Yes \_\_\_\_\_ No

FATHER'S FULL NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

Address \_\_\_\_\_

Employer's Name/Occupation/Military Rank/Unit \_\_\_\_\_

Business Phone # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

MOTHER'S FULL NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

Address \_\_\_\_\_

Employer's Name/Occupation/Military Rank/Unit \_\_\_\_\_

Business Phone # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

MARITAL STATUS: Check One

Father:  1<sup>st</sup> Marriage  Widowed  Separated  Divorced  Remarried

Mother:  1<sup>st</sup> Marriage  Widowed  Separated  Divorced  Remarried

\*\*\*\* If parents are separated or divorced, who has legal custody? \_\_\_\_\_

In the event of sole primary custody, the school requires copies of the custodial legal documents to be provided to the office at the time of admission or upon subsequent changes.

CHURCH CURRENTLY ATTENDING:

Father: \_\_\_\_\_  Regular  Not Regular  Seldom

Mother: \_\_\_\_\_  Regular  Not Regular  Seldom

Student: \_\_\_\_\_  Regular  Not Regular  Seldom

If child does not live with parents,

Name of Guardian \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Other children in the home:

Name Age School (if attending)

\_\_\_\_\_  
\_\_\_\_\_

(All questions must be answered to be eligible for enrollment)

1. Is there anything significant we should know that might affect your child's physical or emotional well-being?  
Yes  or No  If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_
2. Is there any special health condition we should know about? Yes  or No  If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_
3. List any **allergies** your child has (e.g., food, insect stings, medications, pollens, etc.) \_\_\_\_\_  
\_\_\_\_\_
4. Is your child on any kind of medication on a daily basis? Yes  or No  If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_
5. Has your child ever been tested, diagnosed or evaluated for giftedness, a learning disability, reading difficulty, attention deficit disorder, etc.? Yes  or No  If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_
6. Has your child ever had an **IEP** or **504** plan? Yes  or No  If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_
- Does your child currently have an **IEP** or **504**? Yes  or No  If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_
7. Is your child being helped by a tutor? Yes  or No  If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_
8. Has your child had any behavior problems in school? Yes  or No  If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_
9. Has your child ever been suspended or expelled from school? Yes  or No  If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_
10. Does or has your child ever used tobacco, alcohol, or drugs? Yes  or No  If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

**Copies of the immunization records must be provided.**

**EMERGENCY CARE INFORMATION:**

Name of Child's Doctor \_\_\_\_\_ Office Phone # \_\_\_\_\_

Address \_\_\_\_\_

Name of Child's Dentist \_\_\_\_\_ Office Phone # \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Permission to treat \_\_\_\_\_

**In the event of an emergency, If father, mother, or guardian cannot be contacted, call:**

\_\_\_\_\_ Relation \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

\_\_\_\_\_ Relation \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

\_\_\_\_\_ Relation \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

**Please list below person(s) who will be authorized to pick up your child:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Mission Statement

Northwood Temple Academy is committed to providing a Christ-centered education that promotes excellence in teaching and learning, focusing on high academic standards, excellence in fine arts, emotional well-being, and physical strength. We are nurturing today's children and developing tomorrow's kingdom leaders.

## Vision Statement

Northwood Temple Academy seeks to lead and nurture students from early childhood through twelfth grade into spiritually, emotionally mature Christians academically prepared to articulate boldly and effectively a Biblical worldview that enables them to serve in their careers and callings.



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“I urge you to contend for the truth that was entrusted to the saints.”

Jude 1:3

It is my sincere pleasure to be able to “contend for truth” on a daily basis at Northwood Temple Academy. I must admit that it is becoming a most difficult job in our postmodern culture. Our precious children are barraged everyday with discerning what truth is and many have come to the place where they question whether or not absolute truth even exists! The mainstream media, the entertainment industry, as well as the secular education system continue to teach and proclaim that truth is whatever you desire to make it. What is most frightening about this statement is that Jesus himself said in John 18:37, “In fact, for this reason I came into this world, **to testify to the truth**. Everyone on the side of truth listens to me.” If our children do not believe that absolute truth exists, truth that never changes, truth that is not relative to our situation, how can they listen to the One that declared He is the truth? I do not mind admitting that I am deeply burdened for our children. I spend countless nights in prayer over this generation of youth for I deeply and passionately want them to know “Truth.” Any education system that teaches Genesis 1:1 is not truth will not teach that Genesis 2 through Revelation 22 is true. Why do I make such a big deal over this issue? It is a matter of life and death! Our children need to, NO, must, believe in “Truth.” Jesus said, “I am the way and the **truth** and the life. **No one** comes to Father except through me.”

I want to take this opportunity to thank you for your commitment in making Christian schooling a priority! Northwood Temple Academy values your decision and will strive to offer your child a quality Christ-centered education.

Please take the time to read and become familiar with the **Parent/Student Handbook**, found at [ntaeagles.com](http://ntaeagles.com) under Campus Life. It will provide information regarding the policies and procedures of Northwood Temple Academy. These handbooks are not intended to be a definitive, comprehensive statement on all Academy-related matters, but it will answer frequently asked questions.

So the next generation will know,

Renee McLamb



## ADMISSIONS CHECKLIST

CHILD'S NAME \_\_\_\_\_ GRADE TO ENTER \_\_\_\_\_

- New student application fee
- Application for admission
- Birth Certificate
- Handbook Agreement and Photograph Release
- Technology Use Policy Agreement signed by parent and student (grades 4-12)
- Parent questionnaire
- Student questionnaire (grades 7-12)
- Demographic Survey
- Copy of most recent transcript (high school), report card (grades K-8)
- Copy of school discipline/behavior report
- Copy standardized test scores or end of grade test scores
- Copy of IEP (Individualized Education Plan) or 504 Plan (if applicable)
- Copy of custodial agreement (if applicable)
- Confidential Pastoral Recommendation
- Confidential Student Evaluation
- Medical Report / Physical – the medical form should be completed by a physician and submitted to the office within 30 days of enrollment
- Immunization Record
- Authorization to release records form (K-12)
- Before and After School Care enrollment form
- Schedule Reading/Math assessment



## TUITION AND FEES FOR 2024-2025

Classroom Reservation Fee for returning students	PreK4 - 5 <sup>th</sup> grade	\$125.00 (Automatic Enrollment)
	6 <sup>th</sup> - 12 <sup>th</sup> grade	\$150.00 (Automatic Enrollment)

This non-refundable fee is due upon receipt of statement. This fee will be billed once the student has been automatically re-enrolled by Northwood Temple Academy.

New Student Application Fee (non-refundable)		\$250.00 (Not to exceed \$500)
	PreK4 half day	\$75.00

This fee is required at the time of application to NTA and covers most of the cost associated with processing a new student including records, screening, testing, orientation, and interviewing. Application fees are **non-refundable** even if an application is denied or enrollment is canceled.

Student Resource Fee (SRF)		\$425.00 (Due by June 30 <sup>th</sup> )
		\$450.00 (After June 30 <sup>th</sup> )

The Student Resource Fee is a non-refundable fee covering all textbooks and workbooks, standardized testing, classroom teaching supplements, technology support, and library maintenance.

Capital Fund Fee	\$500 per family
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The Capital Fee covers expansion, upgrade and/or improvement to facilities.

Security Officer Fee	\$80.00
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The Security Officer Fee is \$80.00 per student in order to hire a full-time deputy sheriff on campus five days a week.

FACTS Fee	\$25 (annual and semi-annual tuition payment)
	\$55 (monthly tuition payment)

All families are required to enroll into FACTS Tuition Management and are responsible for fees assessed by FACTS.

Yearbook Fee (optional)	\$65.00
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The price of the school yearbook will increase after August 30<sup>th</sup>.

Band and Orchestra Fee	\$100.00 (Due September 1 <sup>st</sup> )
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All students in grades 5<sup>th</sup> - 12<sup>th</sup> who play an instrument and take a band class are required to pay this non-refundable fee. The band and orchestra fee covers band music, competition music and fees, music stands and the purchase and maintenance of academy owned instruments.

Athletic Fee	\$145.00 per sport (MS)
	\$170.00 per sport (JV)
	\$200.00 per sport (Varsity)

All students who participate in the athletic program must pay this fee prior to the activity. The athletic fee is a non-refundable fee which assists in covering officials, sports equipment, state athletic fees, security, maintenance to complex, and coaching fees. In addition, the Booster Club covers multiple expenses that allows the athletic fee to remain as low as possible.

<b>Booster Club Fee</b>	<b>\$75 per family</b>
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The Booster club Fee is required for all families of athletes and includes free game admittance for all home non-championship games. Booster Fee must be paid in full in order to get into the games for free.

<b>Senior Graduation Fee</b>	<b>\$200.00 (Due April 1<sup>st</sup>)</b>
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The Senior Graduation Fee is a non-refundable fee that helps cover the cost of diplomas, diploma covers and the graduation speaker.

<b>Early Education Graduation Fee</b>	<b>\$100.00 (Due April 1<sup>st</sup>)</b>
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The Early Education Graduation Fee is a non-refundable fee. It covers the cost of cap and gown, graduation t-shirt, reception, picture and frame, invitations, and Bibles.

<b>School Credit</b>
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Any family that brings a new family to NTA receives a \$100.00 school credit. The credit will be issued after the new family has remained for nine weeks.

<b>Withdrawal Fee</b>	<b>\$500.00</b>
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Students are considered enrolled for the entire school year; therefore, budgets and teacher contracts are set accordingly. Students who withdraw anytime between August and May will be assessed a \$500.00 withdrawal fee per student unless withdrawal is due to documented military orders or requested by administration. Tuition is due for the complete month in which the withdrawal takes place. Official transcripts, report cards, and records will not be released or sent to any other school with any outstanding balance including the withdrawal fee.

## Tuition Policy

Tuition is scaled according to grade level. Report cards and transcripts will be held if accounts are past due or until the account is paid in full. Parents will be contacted by the business office if the account is past due or if two FACTS drafts are returned unpaid. Students may not attend class if accounts are more than thirty days in arrears. FACTS/RenWeb access to grades and homework will be closed until the account is brought current. Seniors will not receive a report card, transcript or diploma until all financial accounts are satisfied.

**All tuition payments will be handled by FACTS Tuition Management.** The payment methods available are automatic debit from a checking or savings account, or credit card (credit card transactions do incur an additional processing fee). The program fee is \$25.00 for the semi-annual and annual payment options and \$55.00 for the monthly payment option. Once your payment plan is established, FACTS is available to answer any questions or concerns at 866-441-4637.

The following plans are available:

- Annual: August payment (*\$100 pay in full discount*)
- Semi-Annual: August and January payments (*\$50 discount*)
- 10 Month Plan: August – May payments
- 11 Month Plan: August – June payments

**NTA will not accept tuition payments in the main office. Advanced payment discounts for the semi-annual and annual payment plans are available when payment is made on time. When payment is not made by the designated time no discount is given.**





## TUITION FOR 2024-2025

Grade	Tuition	10 Monthly Payments	11 Monthly Payments
Preschool (K4) half day	\$3768	\$376.80	\$342.55
Preschool (K4) full day	\$7535	\$753.50	\$685.00
Grades K-5	\$7535	\$753.50	\$685.00
Grades 6-8	\$7741	\$774.10	\$703.73
Grades 9-12	\$7944	\$794.40	\$722.19

Multiple Child Discounts	15% discount for 2 <sup>nd</sup> child	30% discount for each additional child
Preschool (K4) half day	\$3,202.80	\$2,637.60
Preschool (K4) full day	\$6,404.75	\$5,274.50
Grades K-5	\$6,404.75	\$5,274.50
Grades 6-8	\$6,579.85	\$5,418.70
Grades 9-12	\$6,752.40	\$5,560.80

### Northwood Temple Church Member Discount

10% discount (applies to the first child's tuition only)

### Advance Payment Discounts

\$25.00 for each ½ semi-annual payment

\$100.00 for full annual payment



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## BEFORE AND AFTER SCHOOL CARE FEE SCHEDULE

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

PARENT  
SIGNATURE \_\_\_\_\_

### AVAILABLE PROGRAMS

#### CHOOSE ONE:

- \_\_\_\_\_ Program 1 – Before School Care (7:00 – 8:15 a.m.) \$50.00 per month
- \_\_\_\_\_ Program 2 – After School Care (3:00 – 6:00 p.m.) \$135.00 per month
- \_\_\_\_\_ Program 3 – Before and After School Care \$175.00 per month  
(7:00 – 8:15 a.m. & 3:00 – 6:00 p.m.)
- \_\_\_\_\_ DROP-IN \$10.00 per session (flat rate)  
(before or after school)

You will be given the opportunity to change programs twice each school year,  
(1) 30 days after school has opened, and (2) the week before Christmas break.  
Other changes will be considered on an individual basis.

**All students arriving prior to 8:15 a.m. are required to report to before school care.  
All students remaining on campus after dismissal are required to report to after school care or to  
the gym as a paid member of the Family Life Center.**

**AFTER 6:00 P.M. A \$15.00 LATE FEE WILL BE CHARGED FOR EACH 15-MINUTE INCREMENT  
PER CHILD.**



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## HANDBOOK AGREEMENT

I have reviewed the Parent/Student Handbook found on the school website and I, as the parent of \_\_\_\_\_ understand the expectations, requirements, policies and procedures of Northwood Temple Academy. I understand that as the parent, it is my responsibility to ensure that my family abides by the following moral, behavioral, and academic expectations. I will hold my child accountable for their actions in accordance with the Parent/Student Handbook.

I authorize NTA or anyone authorized by NTA, to use and reproduce all audio, videos or photographs which NTA takes of our child(ren) or any family member produced for school literature, advertisements and promotional purposes without further compensation all copies, masters, pictures and proofs shall constitute NTA property solely and completely.

I authorize NTA to provide contact information for our family to the Parent Teacher Fellowship (PTF) and Booster Club in assistance to encourage participate in activities.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent of \_\_\_\_\_ Grade \_\_\_\_\_



## **STUDENT TECHNOLOGY RESPONSIBLE USE POLICY**

NTA is providing computer network and internet access for its students. This service allows students to share information, learn new concepts, and research diverse subjects. NTA has adopted this Technology Responsible Use Policy ("Policy") to set guidelines for accessing the computer network or the Internet service provided by NTA. Students are required to sign and submit a copy of the Policy to NTA every school year. Students must also have a parent or guardian sign this Policy. By signing this agreement, the student and parent or guardian agree to follow the rules set forth in this Policy and to report any misuse of the computer network or the Internet to a teacher or supervisor. Parties agreeing to this policy also understand that NTA may revise the Responsible Use Policy, as it deems necessary. NTA will provide notice of any changes either by posting such a revised version of the Policy on its website or by providing written notice to the students and parents or guardians. Use of the electronic information resources in the school shall be to improve and support the educational process by providing access to global information and improving communication between students, employees of NTA, parents, and community members. **The use of the Internet and technology equipment within NTA is a privilege.** Violation of this policy may result in disciplinary action and/or restrictions of technology equipment access privileges.

### **RESPONSIBLE USES**

Use shall be consistent with the purposes and goals of NTA. It is imperative that students conduct themselves in a responsible, ethical, moral, and polite manner. All students must abide by all local, state, and federal laws. The student accepts the responsibility of adhering to high standards of conduct and the terms and conditions set forth in all parts of this policy.

### **IMPERMISSIBLE USES**

The following uses are prohibited:

1. Any violation of posted computer lab rules, applicable school policy, or public law by such use;
2. Any activity that is immoral or contrary to the high moral standards which must be maintained in an educational setting;
3. Any attempt to bypass school security, including Internet filters, is forbidden;
4. Accessing or transmitting of immoral, obscene, pornographic, profane, lewd, vulgar, rude, defaming, harassing, bullying, threatening, disrespectful, or otherwise inappropriate images or information, or receiving such information from others by any means;
5. Any commercial use, product advertisement, display of personal information, or promotion of political candidates;
6. Any violation of copyright, trade secret or trademark laws;
7. Any attempt to damage, disrupt or interfere with the use of any computer or electronic information resource;



8. Any attempt to access information beyond the users authorized access to any electronic information resource;
9. Any destruction, defacement, theft, or altering of school equipment;
10. Any storing of illegal, inappropriate, or obscene material on school owned electronic equipment;

### **MONITORING**

NTA reserves the right to monitor and review any material on any device at any time in order for the school to determine any inappropriate use of technology resources. This includes the right to change passwords or passcodes if account or device access is required. The staff will make a reasonable attempt to supervise student use of technology equipment, in a manner that is appropriate to the students' age and the circumstances of use.

### **CELL PHONE POLICY**

1. Use of cell phones is not permitted during school hours.
2. Cell phones must be turned off when entering the building, placed in the student's locker and remain off for the duration of the day.
3. Students will be allowed to use the office phone only in the case of **extreme** emergency. They must have a note from their teacher in order to use the phone in the office.

If a student is caught with a cell phone, or a picture/video is posted on a social media site that clearly indicates that the student had his/her phone as school, they will then be required to turn their phone in to the office every day to be kept in a bin designated as the mandatory turn in bin. Remaining occurrences will receive out of school suspension, and could result in expulsion.

### **ELECTRONIC DEVICES**

Other electronics are not allowed to be in a student's possession during school hours. This refers to the following, but is not limited to: MP3 player, portable gaming device, camera, iPod, smart watch, etc. If a student is found with any electronic devices during class time the device will be taken from the student and given to the principal. A student must consider that if an electronic device is confiscated and the software that is operated on the device is found to be controversial then it may further complicate the disciplinary action for the student.

### **LOST OR DAMAGED DEVICE**

Northwood Temple Academy assumes no responsibility for the theft, loss or damage of an electronic device brought to school. Students bring these devices to NTA at their own risk.

Additional information concerning the Student Technology Responsible Use Policy can be found in the NTA Student Handbook.

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Student Signature

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Parent Signature



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## PARENT QUESTIONNAIRE

Please answer the following questions in reference to your child's application to Northwood Temple Academy. Feel free to use an additional sheet of paper.

1. The two factors most influencing us to apply to Northwood Temple Academy (please select only two):

- Academic Reputation  Christian Philosophy  Desire to attend a private school  
 Displeasure with local schools  Location  Recommendation from NTA families  
 Strength of extracurricular programs  Affordability

2. Briefly tell us why you desire to enter your child(ren) in Northwood Temple Academy.

3. What is your understanding of Christian School education? How do you see the relationship between your home and our school when it comes to educating your child(ren)?

4. Please give a short explanation of who you understand Jesus Christ to be and what His death and resurrection means to you.

5. Describe briefly your relationship to Jesus Christ.

6. How did you first learn about Northwood Temple Academy?

- Parent/Student of NTA  Commercial  Radio  Newspaper  Alumni  Friend  
 Telephone Book  Church  Open House  Web Site  Postcard/Mailer

7. If you were referred by a parent of Northwood Temple Academy, please provide their name.

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Parent Signature

Date



**Northwood  
Temple  
Academy**

4200 Ramsey Street  
Fayetteville, NC 28311  
Phone (910) 822-7711  
Fax (910) 488-7299  
www.ntaeagles.com

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## CONFIDENTIAL PASTORAL RECOMMENDATION

Student's Name \_\_\_\_\_

This recommendation is for the use of the NTA admissions office and will only be viewed by the school administration.

The student named above is a candidate for admission to Northwood Temple Academy. NTA's admissions office would appreciate your prompt response to the information requested. Please complete this form and return it within one week to: Northwood Temple Academy, 4200 Ramsey Street, Fayetteville, NC 28311 or you may email the recommendation to [info@ntaeagles.org](mailto:info@ntaeagles.org).

Thank you for your assistance in helping us become better acquainted with this student.

To be completed by any Pastor or church staff member: On a scale of 1-5 (5 being highest)

\_\_\_\_\_ How well do you know the family?

\_\_\_\_\_ How well do you know this student candidate?

\_\_\_\_\_ Are the parents active in the church (Sunday services, Sunday school, church functions)?

\_\_\_\_\_ Is the student active in church and church activities?

\_\_\_\_\_ Does the family display the attitudes you would expect in a Christian?

\_\_\_\_\_ Does the student display the attitudes you would expect in a Christian?

Have the parents made a public profession of faith? Yes\_\_\_\_\_ No\_\_\_\_\_ Not Sure\_\_\_\_\_

Has the student made a public profession of faith? Yes\_\_\_\_\_ No\_\_\_\_\_ Not Sure\_\_\_\_\_

We would welcome any other general comments you wish to share on this form concerning this student candidate and his/her application to NTA.

Pastor Signature \_\_\_\_\_



**NORTHWOOD TEMPLE ACADEMY  
DEMOGRAPHIC SURVEY 2023-2024**



The following information is required by the Association of Christian Schools International (ACSI) for accreditation purposes. Northwood Temple Academy has to compile this information and keep it on file. Please do not put your name on this form, as this information is to remain **anonymous and confidential**.

Please complete the following:

**CHURCH AFFILIATION**

- |   |                                   |  |                                    |
|---|-----------------------------------|--|------------------------------------|
| <input type="checkbox"/> Non-Denominational   | <input type="checkbox"/> Baptist  | <input type="checkbox"/> Presbyterian  | <input type="checkbox"/> Episcopal |
| <input type="checkbox"/> Pentecostal Holiness | <input type="checkbox"/> Catholic | <input type="checkbox"/> Lutheran      | <input type="checkbox"/> Methodist |
| <input type="checkbox"/> Assembly of God      | <input type="checkbox"/> Nazarene | <input type="checkbox"/> Church of God | <input type="checkbox"/> Other     |

Church Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Pastor's Name: \_\_\_\_\_ Phone Number: (    ) \_\_\_\_\_

**ETHNIC BACKGROUND OF STUDENTS (please indicate # of students)**

- |   |                                    |  |                                |
|---|------------------------------------|--|--------------------------------|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Hispanic  | <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Other |
| <input type="checkbox"/> American Indian  | <input type="checkbox"/> Bi-Racial | <input type="checkbox"/> Caucasian                 |                                |

**FAMILY INCOME PER YEAR**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$20,000-\$40,000  | <input type="checkbox"/> \$40,000-\$60,000 | <input type="checkbox"/> \$60,000-\$80,000 |
| <input type="checkbox"/> \$80,000-\$100,000 | <input type="checkbox"/> Over \$100,000    |  |

**PARENTAL VOCATION**

	Father	Mother		Father	Mother
Christian Service	_____	_____	Military	_____	_____
Professional	_____	_____	Homemaker	_____	_____
Managerial, Executive	_____	_____	Retired	_____	_____
Administrative, Clerical	_____	_____	Student	_____	_____
Engineering, Technical	_____	_____	Unemployed	_____	_____
Marketing/Sales	_____	_____	Other	_____	_____

**GEOGRAPHICAL LOCATION**

- Home within 2 miles of NTA  
 Home 2-5 miles from NTA  
 Home 5-10 miles from NTA  
 Home more than 10 miles from NTA

**TRANSPORTATION TO NTA**

- Parent Driver (or other adult)  
 High school student driver  
 Car pool with other NTA family

**MAILING ADDRESS**

- |                                       |  |  |                                  |                                      |
|---------------------------------------|--|--|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Fayetteville | <input type="checkbox"/> Hope Mills                | <input type="checkbox"/> Lumber Bridge | <input type="checkbox"/> Raeford | <input type="checkbox"/> Stedman     |
| <input type="checkbox"/> Ft. Bragg    | <input type="checkbox"/> Lumberton                 | <input type="checkbox"/> Parkton       | <input type="checkbox"/> Dunn    | <input type="checkbox"/> Spring Lake |
| <input type="checkbox"/> Sanford      | <input type="checkbox"/> Other - please list _____ |  |                                  |                                      |



Application Date \_\_\_\_\_

Date of Enrollment \_\_\_\_\_

**LITTLE EAGLES EARLY EDUCATION DEPARTMENT**  
**NORTHWOOD TEMPLE ACADEMY**  
**Application for Enrollment**

Name of Child \_\_\_\_\_

Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_

**INFORMATION ABOUT THE FAMILY**

Father/Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_

Employed By \_\_\_\_\_

Business Phone \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Zip Code \_\_\_\_\_

Employed By \_\_\_\_\_

Business Phone \_\_\_\_\_

**INFORMATION ABOUT YOUR CHILD**

Does your child have any know allergies? No  Yes

Explain: Please give any information concerning your child which will be helpful in his experience in a group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes).

\_\_\_\_\_

**EMERGENCY CARE INFORMATION**

Name of child's doctor \_\_\_\_\_

Office Phone \_\_\_\_\_

Address \_\_\_\_\_

Name of child's dentist \_\_\_\_\_

Office Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital preference \_\_\_\_\_

Office Phone \_\_\_\_\_

If neither father nor mother (or guardian) can be contacted, call (please list relationship):

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_

If you cannot come for your child, please give the names of the persons to whom the child can be released to:

\_\_\_\_\_

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of an emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

\_\_\_\_\_  
SIGNATURE OF THE OPERATOR

\_\_\_\_\_  
DATE

# Little Eagles Early Education Department

## NORTHWOOD TEMPLE ACADEMY

### Student Questionnaire

Name of Student \_\_\_\_\_  
FIRST MIDDLE INITIAL LAST

My child prefers to be called \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

### FAMILY INFORMATION

Mother's Name \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

Address \_\_\_\_\_  
(including the city/town, state & zip code)

Email Address \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

Address \_\_\_\_\_  
(including the city/town, state & zip code)

Email Address \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

If the child is not living with parents, the name of the Guardian or other responsible party.

Guardian's Name \_\_\_\_\_ Home Telephone Number \_\_\_\_\_

Address \_\_\_\_\_  
(including the city/town, state & zip code)

Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

If you attend a church, please let us know what church you attend.

\_\_\_\_\_

Other children in the family: (List in order of birth)

NAME	SEX	BIRTHDATE

## INFORMATION ABOUT YOUR CHILD

Does your child have any known allergies (such as dust, drugs, plants, food, animals, etc.)? If so, what are they? Please, be specific.

\_\_\_\_\_

When did your child begin walking? \_\_\_\_\_

When did your child begin talking? \_\_\_\_\_

Is your child adopted? If yes, does he/she know? \_\_\_\_\_

Was your child born prematurely or did you experience difficulty during pregnancy? If so, please explain.

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Does your child have bladder control? \_\_\_\_\_ Child's terminology? \_\_\_\_\_

Does your child have bowel control? \_\_\_\_\_ Child's terminology? \_\_\_\_\_

Does your child need help when going to the bathroom? \_\_\_\_\_

Does your child need reminding about going to the bathroom? \_\_\_\_\_

Does your child take a nap? If yes, at what time of the day and for how long?

---

Describe any special needs, handicaps, or health problems.

---

---

Is your child routinely on any medication? If yes, please list all medications below.

---

---

Does your child have any difficulty saying what he/she wants? \_\_\_\_\_

Do you have any trouble understanding his/her speech? \_\_\_\_\_

## **EATING HABITS**

What is your child's general attitude toward eating?

---

What are your child's favorite foods?

---

For which meal is your child most hungry? \_\_\_\_\_

Does your child use a spoon, fork, or his/her hands? \_\_\_\_\_

Does your child dislike any kind of food in particular? \_\_\_\_\_

---

Is your child on a special diet? \_\_\_\_\_

Does your child use a bottle? \_\_\_\_\_

Does your child use a pacifier? \_\_\_\_\_

Does your child eat or chew things that are not food? If so, please explain.

---

Does your child sit in a highchair or booster seat to eat? \_\_\_\_\_

Is there any food your child should not eat for medical, religious, or personal reasons?

\_\_\_\_\_

---

Do you have any concerns about your child's eating habits? \_\_\_\_\_

---

If so, please explain: \_\_\_\_\_

## **PLAY AND SOCIAL EXPERIENCES**

Has your child participated in any group experiences? \_\_\_\_\_

---

Did your child enjoy it? \_\_\_\_\_

Do other playmates visit your child? \_\_\_\_\_

Does your child visit other playmates in their homes? \_\_\_\_\_

\_\_\_\_\_

How does your child relate to other children? \_\_\_\_\_

\_\_\_\_\_

Does your child prefer to play:

- Alone.
- With playmates.
- With siblings.
- With adults.

Does your child worry a lot or is he/she afraid of anything?

\_\_\_\_\_

What causes worry or fear?

\_\_\_\_\_

Does your child have any imaginary playmates? If so, please explain.

\_\_\_\_\_

Does your child have any pets?

\_\_\_\_\_

What are your child's favorite toys and/or activities?

\_\_\_\_\_

What are your child's favorite television programs?

---

How long does your child watch television each day?

---

What are your child's favorite books?

---

What is the number of times a week someone reads to your child?

---

Is there anything else about your child's play or playmates that the school should know?

---

## **DISCIPLINE**

How do you normally discipline your child?

---

---

In most circumstances, do you consider your child easily managed, fairly easy to manage, or difficult to manage?

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Do you presently have any concerns about your child? If so, please explain:

---

---

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---

---

How are these concerns dealt with?

---

---

**PARENT'S IMPRESSIONS AND DESIRES**

From your point of view, what events have had the greatest impact on your child? (Moving, births, deaths, severe illness of family members, divorce, separations, etc.)

---

---

How would you describe your child at this present time? What changes have you seen in him/her in the past year?

---

---

Does your child have any behavior characteristics that you hope will change? If so, please describe.

---

---

In what ways would you like to see your child develop during his/her time in our program?

---

---



Please add any additional comments that you feel will help us know your child better.

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Thank you for your help!



---

PARENT/GUARDIAN SIGNATURE

---

DATE

**Little Eagles Early Education Department**  
**NORTHWOOD TEMPLE ACADEMY**  
**Parent Consent Form**

**MEDIA/SOCIAL MEDIA CONSENT:**

I grant permission for **Northwood Temple Academy** to photograph and videotape me/my child/children and to copyright, use, and/or publish the photographs/videos and audiotapes in any school publications and/or public relations material, including the school website, Facebook and Instagram.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**COMMUNICATION CONSENT:**

I grant permission for **Northwood Temple Academy** to publish my phone number and/or email address in our family directory for classroom use.

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
TELEPHONE NUMBER(S)

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

# Little Eagles Early Education Department

## NORTHWOOD TEMPLE ACADEMY

### Permission Slip

---

STUDENT NAME

My child has my permission to while in the care of Northwood Temple Academy.  
Please check all that apply.

- Go on field trips in and out of town.
- Play in the water (inflatable waterslide, sprinkler, water table, etc.).
- Take walks on the school campus.
- Play in a fenced-in playground.
- Ride a tricycle.
- Ride in a wagon.
- Use roller skates.

---

PARENT/GUARDIAN SIGNATURE

---

DATE

Children will not be allowed to go anywhere or do anything out of the ordinary unless advance permission has been given and received. You will be informed when field trips will be scheduled, and children will always be under the supervision of a staff member.

# Little Eagles Early Education Department

## NORTHWOOD TEMPLE ACADEMY

### Transportation Form

\_\_\_\_\_  
 NAME OF STUDENT (FIRST, MIDDLE INT. & LAST)

\_\_\_\_\_  
 ADDRESS

\_\_\_\_\_  
 TELEPHONE NUMBER(S)

\_\_\_\_\_  
 EMERGENCY TELEPHONE NUMBER(S)

Anticipated Time of Arrival (A.M.) \_\_\_\_\_

Transportation Provide by \_\_\_\_\_

Anticipated Time of Pickup (P.M.) \_\_\_\_\_

List of other students you plan to pick up:

STUDENT NAME	GRADE / TEACHER
1.	
2.	

In case of severe weather, please contact the person(s) listed on the line below:

\_\_\_\_\_

Person(s) authorized to pick up my child(ren):

CONTACT	TELEPHONE NUMBER(S)
1.	
2.	
3.	
4.	

PLEASE CONTACT THE MAIN OFFICE OR YOUR CHILD'S TEACHER AHEAD OF TIME SO THAT  
 ARRANGEMENTS CAN BE MADE IF YOU ARE GOING TO BE LATE.

\_\_\_\_\_  
 PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
 DATE



NORTHWOOD TEMPLE ACADEMY

# Little Eagles

## Early Education Department

### Behavior and Discipline Management Policy

Praise and positive reinforcement are effective methods of behavior management in children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem-solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy:

**WE:**

1. **DO** praise, reward, and encourage the children.
2. **DO** reason with and set limits for the children.
3. **DO** model appropriate behavior for the children.
4. **DO** modify the classroom environment to attempt to prevent problems before they occur.
5. **DO** listen to the children.
6. **DO** provide alternatives for inappropriate behavior to the children.
7. **DO** provide the children with natural and logical consequences of their behaviors.
8. **DO** treat the children as people and respect their needs, desires, and feelings.
9. **DO** ignore minor misbehaviors.
10. **DO** explain things to children on their levels.
11. **DO** use short, supervised periods of time-out sparingly.
12. **DO** stay consistent in our behavior management program.
13. **DO** use effective guidance and behavior management techniques that focus on a child's development.

**WE:**

1. **DO NOT** spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
2. **DO NOT** make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. **DO NOT** shame or punish the children when bathroom accidents occur.
4. **DO NOT** deny food or rest as punishment.
5. **DO NOT** relate discipline to eating, resting, or sleeping.
6. **DO NOT** leave the children alone, unattended, or without supervision.
7. **DO NOT** place the children in locked rooms, closets, or boxes as punishment.
8. **DO NOT** allow discipline of children by children.
9. **DO NOT** criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

# **"Time-Out Method"**

"Time-out" is the removal of a child for a short period (3 to 5 minutes) from a situation in which the child misbehaves and has not responded to other discipline techniques. The "time-out" space, usually a chair, is located away from classroom activity but within the teacher's sight.

During "time-out", the child has a chance to think about the misbehavior which led to his/her removal from the group. After a brief interval of no more than 5 minutes, the teacher discusses the incident and appropriate behavior with the child. When the child returns to the group, the incident is over, and the child is treated with the same affection and respect shown to the other children.

Adapted from the original prepared by Elizabeth Wilson, Student, Catawba Valley Technical College

# Little Eagles Early Education Department

## NORTHWOOD TEMPLE ACADEMY

### Student Medical Report

NAME OF STUDENT: \_\_\_\_\_  
FIRST MIDDLE INITIAL LAST

#### Medical History

Is the child allergic to anything? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what? \_\_\_\_\_

Is the child currently under a doctor's care? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, for what reason? \_\_\_\_\_

Is the child on any continuous medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what? \_\_\_\_\_

Any previous hospitalizations or operations? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when and for what? \_\_\_\_\_

Any history of significant previous diseases or recurrent illness? No \_\_\_\_\_ Yes \_\_\_\_\_; Diabetes No \_\_\_\_\_ Yes \_\_\_\_\_  
Heart Trouble No \_\_\_\_\_ Yes \_\_\_\_\_; Asthma No \_\_\_\_\_ Yes \_\_\_\_\_

If others, what/when? \_\_\_\_\_

Does the child have any physical disabilities: No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please describe \_\_\_\_\_

Any mental disabilities? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

#### Physical Examination

This examination must be completed and signed by a licensed physician, his authorized agent currently approved by the North Carolina Board of Medical Examiners (or a comparable board from bordering states), a certified nurse practitioner, or a public health nurse meeting DHHS standards for the EPSDT program.

Height % \_\_\_\_\_ Weight % \_\_\_\_\_

Head \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Nose \_\_\_\_\_ Teeth \_\_\_\_\_ Throat \_\_\_\_\_

Neck \_\_\_\_\_ Heart \_\_\_\_\_ Chest \_\_\_\_\_ ABD/GU \_\_\_\_\_ EXT \_\_\_\_\_

Neurological System \_\_\_\_\_ Skin \_\_\_\_\_ Vision \_\_\_\_\_ Hearing \_\_\_\_\_

Results of Tuberculin Test, if given. Type \_\_\_\_\_ Date \_\_\_\_\_ Normal \_\_\_\_\_ Abnormal \_\_\_\_\_ Follow-up \_\_\_\_\_

Developmental Evaluation: Delayed \_\_\_\_\_ Age Appropriate \_\_\_\_\_

If delayed, note the significance and special care needed: \_\_\_\_\_

Should activities be limited? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Any other recommendations: \_\_\_\_\_

Date of Examination \_\_\_\_\_

Signature of Authorized Examiner/Title \_\_\_\_\_ Phone # \_\_\_\_\_

# Little Eagles Early Education Department

## NORTHWOOD TEMPLE ACADEMY

### Authorization for Emergency Medical and Dental Care

In case of an accident or illness requiring medical/dental attention, the undersigned authorizes Northwood Temple Academy to call a physician/dentist to take my child, to the nearest hospital or doctor/dentist.

The preferred doctor to call is:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
TELEPHONE NUMBER(S)

The preferred dentist to call is:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
TELEPHONE NUMBER(S)

Hospital preference is:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
TELEPHONE NUMBER(S)

If neither the parents/guardians nor the doctor/dentist/hospital listed above can be contacted, the on-duty staff is authorized to contact another doctor/dentist or hospital. It is understood that this agreement covers only those situations which, in the best judgment of the on-duty staff, are true emergencies.

Intending to legally bind hereby, we (I) agree to pay all expenses incurred for such emergency medical/dental care.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE



## Child Immunization History

G.S. 130A-155. Submission of certificate to child care facility/G.S.130A-154. Certificate of immunization.

The parent/guardian must submit a certificate of immunization on child's first day of attendance or within 30 calendar days from the first day of attendance.

Child's full name:	Date of birth:
--------------------	----------------

Enter the date of each dose received (Month/Day/Year) or attach a copy of the immunization record.

Vaccine Type	Abbreviation	Trade Name	Combination Vaccines	1 date	2 date	3 date	4 date	5 date
Diphtheria, Tetanus, Pertussis	DTaP, DT, DTP	Infanrix, Daptacel	Pediarix, Pentacel, Kinrix					
Polio	IPV	IPOL	Pediarix, Pentacel, Kinrix					
Haemophilus influenzae type B	Hib (PRP-T) Hib (PRP-OMP)	ActHIB, PedvaxHIB **, Hiberix	Pentacel					
Hepatitis B	HepB, HBV	Engerix-B, Recombivax HB	Pediarix					
Measles, Mumps, Rubella	MMR	MMR II	ProQuad					
Varicella/Chicken Pox	Var	Varivax	ProQuad					
Pneumococcal Conjugate*	PCV, PCV13, PPSV23***	Prenvar 13, Pneumovax***						

\*Required by state law for children born on or after 7/1/2015.

\*\*3 shots of PedvaxHIB are equivalent to 4 Hib doses. 4 doses are required if a child receives more than one brand of Hib shots.

\*\*\*PPSV23 or Pneumovax is a different vaccine than Prenvar 13 and may be seen in high risk children over age 2. These children would also have received Prenvar 13.

**Note:** Children beyond their 5<sup>th</sup> birthday are not required to receive Hib or PCV vaccines.

**Gray shaded boxes above indicate that the child should not have received any more doses of that vaccine.**

Record updated by:	Date	Record updated by:	Date

### Minimum State Vaccine Requirements for Child Care Entry

By This Age:	Children Need These Shots:						
3 months	1 DTaP	1 Polio		1 Hib	1 Hep B	1 PCV	
5 months	2 DTaP	2 Polio		2 Hib	2 Hep B	2 PCV	
7 months	3 DTaP	2 Polio		2-3 Hib**	2 Hep B	3 PCV	
12-16 months	3 DTaP	2 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var
19 months	4 DTaP	3 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var
4 years or older (in child care only)	4 DTaP	3 Polio	1 MMR	3-4 Hib**	3 Hep B	4 PCV	1 Var
4 years and older (in kindergarten)	5 DTaP	4 Polio	2 MMR	3-4 Hib**	3 Hep B	4 PCV	2 Var

**Note:** For children behind on immunizations, a catch-up schedule must meet minimal interval requirements for vaccines within a series. Consult with child's health care provider for questions.

Updated August 2019

## Child Immunization History

G.S. 130A-155. Submission of certificate to child care facility/G.S.130A-154. Certificate of immunization.

### Vaccines Recommended (not required) by the Advisory Committee on Immunization Practices (ACIP)

Vaccine Type	Abbreviation	Trade Name	Recommended Schedule	1 date	2 date	3 date	4 date	5 date
Rotavirus	RV1, RV5	Rotateq, Rotarix	Age 2 months, 4 months, 6 months.					
Hepatitis A	Hep A	Havrix, Vaqta	First dose, age 12-23 months. Second dose, within 6-18 months.					
Influenza	Flu, IIV, LAIV	Fluzone, Fluarix, FluLaval, Flucelvax, FluMist, Afluria	Annually after age 6 months.					

Updated August 2019

