

For TPC Use Only

Date Recvd: _____

Check No: _____/_____

The Principia Center
Program Registration Form

Student Application for 2018-2019

Student's Full Name _____ Age ____ Birthday _____

Grade _____ Gender _____ Student's email address _____

Student's Full Name _____ Age ____ Birthday _____

Grade _____ Gender _____ Student's email address _____

Student's Full Name _____ Age ____ Birthday _____

Grade _____ Gender _____ Student's email address _____

Father's name _____ Cell # _____

Mother's name _____ Cell # _____

Address _____ City/ State _____

Zip code _____ Home phone _____

Home email address: _____

Parent's employment: _____

Occupation: _____

Work phone: _____ Work cell: _____

Work email: _____

Do you have a Google Account? Yes ____ No ____

Google User ID: _____

Note: Google Drive is used for sharing important course information.

Text Number for Alerts: _____

Is your home school enrolled with SCAIHS? Yes ____ No ____ ID # _____

If not, in which supervisory association are you enrolled? _____

Number of years you have home schooled: _____

Families registering new students for The Principia Center, please complete the following two pages.

State briefly your reasons for home schooling: _____

Why do you desire the aid of this center? _____

If previously enrolled in a school, why did you leave that setting? _____

Name of school and grade(s) attended:

May we contact a school representative for a reference? Yes _____ No _____

If so, please provide name and phone number.

Present church affiliation: _____

Do you attend church regularly? _____ List church activities your child(ren) participates in.

May we contact your pastor for a reference? Yes _____ No _____

If so, please provide pastor's name and phone number

Has your child ever been in trouble with the law and/or placed on probation? Yes ____ No ____

If yes, please explain:

Has your child ever been removed/expelled from a school, home school program, or extra-curricular activity for behavioral problems? Yes ____ No ____

If so, please explain. _____

Has your child ever been diagnosed with ADD/ADHD, OCD, or a learning disability?

Yes ____ No ____ If so, please explain. _____

Are you aware of any special needs that your child may have while in a classroom or group setting?

Yes ____ No ____ If so, please explain. _____

Families new to The Principia Center are asked to provide two references (with contact information) for each child registered. Please list this information below.

The Lord is bringing this group of students, instructors, and parents together at this time for our good and his glory. By using your gifts and abilities to help The Principia Center, you are also investing in both the academic and social vitality of your home and the lives of other like-minded Christians. We strive to build a community as we meet weekly at Northeast Presbyterian Church but cannot do it without the efforts of many.

Please indicate below areas in which you would be willing to help.

- | | |
|--|--|
| <input type="checkbox"/> Organize a social event | <input type="checkbox"/> Photograph |
| <input type="checkbox"/> Organize Belk Fall Charity Day Sale | <input type="checkbox"/> Produce PowerPoint presentation |
| <input type="checkbox"/> Organize Belk Spring Charity Day Sale | <input type="checkbox"/> Produce End of Year Celebration program |
| <input type="checkbox"/> Organize Instructor Appreciation | |
| | <input type="checkbox"/> Coordinate Pizza Project |
| <input type="checkbox"/> Childcare for instructors' children | <input type="checkbox"/> Deliver Pizza |
| <input type="checkbox"/> Monitor study hall | |
| <input type="checkbox"/> Monitor lunch | <input type="checkbox"/> Coordinate Volunteers* |

*This is a compensated position.

I have read the information provided by *The Principia Center* and agree to honor the policies as described in the Parent Student Handbook. I acknowledge it is my responsibility to ensure course prerequisites are completed prior to commencement of classes in the fall. Our family will strive to resolve any disagreements as modeled in Matthew 18:15-16. I understand that by receiving this application, TPC places itself under no obligation to accept my child(ren) as students in the course(s) requested. I also understand that the first half of the tuition will be due and payable at the time of registration and the remainder will be due and payable December 6, 2018.

Signed: _____ Date _____ (father or guardian)

Signed: _____ Date _____ (mother or guardian)

Thank you for registering your student(s) with The Principia Center. You will be notified of its receipt and once reviewed, informed of its status.

Please mail this Program Registration Form along with the Registration Worksheet, Photography Release, Emergency Contact, Waiver & Release of Liability, and a check made payable to The Principia Center for registration, and lab fees to the address below. Tuition checks are to be made payable directly to the instructor and study hall checks to The Principia Center; all are to be mailed to the address below.

The Principia Center, c/o Amy Sabin, 2108 Bee Ridge Road, Columbia, SC 29223