

**Paramount Christian Academy
School Age Enrollment Packet
2017-2018 School Year**

Real Hope, Real Lives, Real Future



Paramount Christian Academy
Amy Goodwin, Principal
3816 College St SE
Lacey, WA 98503
Phone: 360-878-8915
Cell: 360-878-3915
Fax: 360-438-9274

amy@paramountchristian.org
www.paramountchristianacademy.org

“Direct your children onto the
right path, and when they are
older, they will not leave it.”

Proverbs 22.6 NLT

Welcome to Paramount Christian Academy!

We are blessed to have your family join us for the 2017-2018 school year!

PCA represents the following:

Our Commitment to You

PCA is committed to providing a unique Before and After School Age Program experience for each and every child, in a loving and nurturing Christian environment, where children are encouraged to be themselves, reach out to others in the community and create long lasting friendships! Our mission is to capture the “whole child” approach of teaching, by looking at each individual child’s: physical, intellectual, language, emotional and social experiences, then using this information to build a strong educational foundation.

Mission Statement

We believe God has a plan for all of us and it is our job to create an educational program that offers Real Hope, Real Values, Real Future for the children in our community. Teaching Christian values in a stimulating, exciting, and nurturing atmosphere will help children understand how they can make a difference in our world.

Before and After School Age Program

PCA is open Monday- Friday from 5:30 am –6:30 pm.

You have the option to use PCA services before/after school only, before and after school, 3 days before and after school, no school day care, and drop-in care (upon availability).

We offer transportation to and from the following elementary schools:

- Chambers Prairie
- Horizons
- Mt. View
- Woodland
- Lakes

Parent Involvement

We will have several events throughout the year for parents, families and friends to get plugged in and stay connected! Some of our events include: Parent’s Night Out, Field Trips, Holiday Events, Thanksgiving Feast, Christmas Program, and Volunteering in the classroom.

Statement of Faith

- Paramount Christian Church and Academy is a nondenominational fellowship of believers who have no creed but Christ, no book but the Bible, and wear no name but Christian.
- We believe that Christ is the head of His Church and therefore every Christian is a part of that body.
- We do not believe that we are the only Christians, but earnestly strive to be Christians only.
- We seek to speak where the Bible speaks and remain silent where the Bible is silent.
- We take the Bible and the Bible alone as our only rule of faith and practice.



Office Use Only

Class: _____

Enrollment Date: _____

Disenrollment Date: _____

Paramount Christian Academy

Before and After School Age Program 2017-2018 School Year Enrollment Form

3816 College Street SE, Lacey, WA 98503 (360) 878-8915 www.paramountchristianacademy.org

Student Information Male Female

Student's Name: _____ **DOB:** _____
First Middle Last (Preferred Name)

Home Address: _____ **Home Phone:** _____
Street City Zip Code

Mother/Guardian Name: _____ **Email Address:** _____
First Last

Home Address: (same) _____ **Home Phone:** _____
Street City Zip Code

Employer: _____ **Occupation:** _____

Business Phone: _____ **Cell Phone:** _____

Father/Guardian Name: _____ **Email Address:** _____
First Last

Home Address: (same) _____ **Home Phone:** _____
Street City Zip Code

Employer: _____ **Occupation:** _____

Business Phone: _____ **Cell Phone:** _____

Program Preference

Before and After School Programs (check all that apply)

- M-F Before Only M-F After Only M-F Before & After 3 day Before & After Option
 School Day Out Drop-in Before School Drop-in After School No School Day Only

Ethnic Origin: African American (not of Hispanic Origin) Caucasian Hispanic Asian/Pacific Islander/Hawaiian

Emergency Contact Information and Authorized to Pick up Student

Contact #1: _____ Relationship to student: _____

Address: _____ Home/Cell#: _____

Contact #2: _____ Relationship to student: _____

Address: _____ Home/Cell#: _____

Contact #3: _____ Relationship to student: _____

Address: _____ Home/Cell#: _____

Church Life

Church Attending: _____

Pastor: _____

Not currently attending a church

Looking for a church home

Student Behavior

Behavioral Awareness: _____

What method(s) do you find most effective when addressing positive and negative behaviors with your child?

Additional specific needs we should know about your child and how should we best meet these needs?

Tuition and Fees

The person(s) listed below is responsible for the payment of tuition and fees.
Account and billing information will ONLY be discussed with the individuals listed below.

Name Relationship Address Phone#

Name Relationship Address Phone#

Physician's Name: _____ Phone #: _____

Address: _____ Date of last Physical Exam: _____

Insurance Company: _____ Group/Policy#: _____

Dentist's Name: _____ Phone #: _____

Address: _____ Date of last Dental Exam: _____

Preferred Hospital: _____ Phone #: _____

Allergies: Food Asthma Diabetes Epilepsy/Seizure Disorder Epi-pen
 Heart Condition Insect Vision Hearing ADD/ADHD Other

Explanation: _____

Health History (known health conditions): _____

****A CURRENT UPDATED IMMUNIZATION RECORD MUST BE ATTACHED TO THIS ENROLLMENT PACKET****

Medication Policy:

PCA stores all medication in a locked cabinet, in the kitchen, inaccessible to students. If medication requires refrigeration, it will be stored in a locked container inaccessible to students. All medication to be administered by a PCA employee, whether over the counter or physician prescribed, **MUST** be in its original container with the dosage and directions clearly defined. All PCA employees are trained on administering medication and documented on the **PCA Medication Log**. Before medication can be administered a **Medication Authorization, Policies and Procedures Form** must be completed, including a Physicians written permission and instructions are required for any life-threatening situations and when medication is given using a device (i.e. epipen, inhaler, etc). Should any medication expire while located on PCA premises, it will be disposed of appropriately. Medication forms are available in the classrooms, as well as, the office.

By signing below I hereby give PCA written permission to administer medication to my child. If medical attention is required by a doctor, 911 or a hospital, I understand PCA will not be responsible for **ANY** expenses that may occur in such an incident and I give permission for immediate treatment (including transportation) to be conducted in the event the situation requires it, for the health and safety of my child.

Parent Print Name: _____ Relationship to child: _____

Parent Signature(Type Name): _____ Parent Initials: _____ Date: _____

Non-Discrimination Policy:

Paramount Christian Academy does not discriminate in the enrollment of students based on race, color, religion, gender, national origin, disabilities or political beliefs, or ADA, as rendered by the state and federal laws. Enrollment of students will be on a first come, first served basis.

Tuition and Fees:

- An annual non-refundable application fee of **\$100.00** is due upon enrolling my child.
- **Tuition is due on the 25th of the month prior** to my child attending PCA. A grace period will be granted to the 1st day of the current month. If I pay after the 1st a **\$25.00** late payment fee will be assessed to my account and my child will be dis-enrolled from their program until my balance has been paid in full.
- I realize my contract with PCA is for the entire 2017-2018 school year. I will still be responsible for paying the entire month's tuition when my child is on vacation.
- I understand I will not receive a credit, reimbursement or refund from the school should my child be absent on a scheduled attendance day, should I leave a PCA program without notice, the school closing due to inclement weather, power outages, or any other unforeseen circumstance.
- If a check is returned to PCA for non-sufficient funds a **\$25.00** return check fee will be added to my account.
- A late fee of \$1.00 per minute will be charged to my account if I pick up after my enrolled session time has ended at 6:30 pm.
- I give permission for my child to attend field trips off the premises of PCA (including transportation) and will pay an additional fee if necessary.

Parent Agreement:

- I give PCA permission to video tape or take photographs of my child during special events, parties, field trips, etc. I understand these images may be used for marketing and publicity purposes in promoting Paramount Christian Academy within the community, without compensation.
- All PCA employees have my permission to administer CPR/First Aid to my child if necessary.
- My child can be transported by PCA on field trips or in emergency situations.
- I will participate when possible in PCA special events, i.e., Parent's Night Out, Christmas Program, Field Trips, Program Orientation Nights, etc.
- I understand Parent Involvement is an essential part of my child's growth and development. When possible I will volunteer in my child's classroom and agree to fill out a Volunteer Background Form.
- I will not leave my child on the premises of PCA without a PCA teacher present and acknowledgement of my child's presence.
- I acknowledge PCA employees are **Mandated Reporters**, per Washington State Laws, of child abuse and neglect.
- I am responsible for covering the cost of deliberate damages caused by my child to PCA property or employees.
- PCA has the right to dis-enroll my child at any time, for any reason, without any notice and I will not be compensated.
- PCA has an open door policy where parents are able to check in on their child at any time.
- A two week written notice is required for terminating services with PCA.
- I will provide an extra set of clothes for my child in case something happens and they need to change.
- I give permission for my child to use sunscreen, hand sanitizer, or hand wipes with alcohol.

Parent Agreement Continued:

- I understand that all precautions will be taken to avoid an injury or accident at all times for my child. In the event an injury or accident does occur, I hereby release PCA from all liability including any injury, loss or damage that may transpire on or off campus. At no time will PCA or PCA Employees be held responsible for legal expenses, attorney's fees, or medical claims my child may occur during PCA operating hours or hosted events. I have read and am voluntarily signing this authorization and release of **Waiver of Liability**.
- I understand outside toys are not permitted unless I am specifically directed to do so by my child's teacher. Should any toys be brought on PCA property and are lost or damaged I will not hold PCA responsible.
- If my child becomes ill at PCA I will be notified immediately and have one hour to make arrangements for my child to be picked up. **I will keep my child home if they have any of the following symptoms: Fever above 100.5 degrees Fahrenheit, pink eye (conjunctivitis), skin rash, diarrhea, vomiting, lice (nit free), runny noses (with green or yellow discharge), and flu like symptoms.** I understand my child may return to PCA after they have been symptom free for over 24 hours. In addition, there may be specific situations where a doctor's note may be required.
- I give permission for a visiting Health Professional to provide services to my child at PCA if needed.
- I have reviewed PCA's evacuation plan, disaster plan, and health care plan.
- Weather permitting; my child will go outside at least once a day.
- **PCA will be CLOSED** to observe the following holidays: New Year's Eve & Day, Martin Luther King Jr. Day, Presidents Day and the Day After, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving and the Day After, and Christmas Eve & Day. Should a holiday fall on a Saturday the holiday will be observed on a Friday; should a holiday fall on a Sunday the holiday will be observed on a Monday.
- **PCA will be CLOSED for Christmas Break Dec. 18th 2017-Jan 1st 2018.**
- **PCA will be CLOSED for Spring Break April 2nd -6th 2018.**
- I understand PCA will do everything possible to stay open on its regular scheduled dates and times. In the event of a closure due to inclement weather, natural/national disasters, or major building issues, I will not be reimbursed for days missed.
- This contract is good for the 2017-2018 school year.
- Before and After School Age Program school year- September 6, 2017- **June 15, 2018.**

By signing below I agree to the terms and conditions listed in the Paramount Christian Academy Enrollment Packet. I have read this packet in its entirety, including the Tuition and Fees, Medical Policy and Parent Agreement sections.

Parent/Guardian #1 _____ Date: _____
(Print Full Legal Name)

Parent/Guardian #1 _____ Parent/Guardian Initials: _____
(Full Legal Signature or Type Name)

Parent/Guardian #2 _____ Date: _____
(Print Full Legal Name)

Parent/Guardian #2 _____ Parent/Guardian Initials: _____
(Full Legal Signature or Type Name)

Principal Signature _____ Date: _____
(Full Legal Signature)