



PAMLICO CHRISTIAN ACADEMY

Physical Address:
11089 Hwy 55
Grantsboro, NC 28529
28529

Mailing Address:
PO Box 68
Grantsboro, NC 28529

Phone: 252-745-0463
Email: office@pamlicochristianacademy.org
Internet: http://www.pamlicochristianacademy.org

2018-2019 PRESCHOOL RE-ENROLLMENT FORM

Dear Parents: We welcome you to the re-enrollment process for Pamlico Christian Academy! Please return this re-enrollment form to the office along with your registration fee. Please know that all enrollments are contingent upon Head of School approval.

Student Information

Date _____

Name: _____

Last

First

Middle

Name used

Male Female

Date of birth: ____/____/____

Applying for Program:

Preschool: _____ 5 Full Days _____ 5 Half Days
 _____ 3 Full Days _____ 3 Half Days
 _____ 2 Full Days _____ 2 Half Days

Pre-K (4 Years Old and Up with Abeka Curriculum):

 _____ 5 Full Days _____ 3 Full Days

Circle Preferred Days of Week: M T W Th F

Father's Name or Legal Guardian: _____

Last

First

Middle

Father's Address: _____

Number

Street

City

State

Zip

Place of Employment: _____ Phone _____

Mother's Name or Legal Guardian: _____

Last

First

Middle

Mother's Address: _____

Number

Street

City

State

Zip

Place of Employment: _____ Phone _____

Parent Email: _____



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PARENTAL CONTRACT WITH PAMLICO CHRISTIAN ACADEMY

I, the undersigned, do hereby commit to the following:

1. That all the information provided on this application is true, to the best of my knowledge, and that I have not intentionally withheld or misrepresented any pertinent data.
2. To fulfill my financial obligations to Pamlico Christian Academy, namely:
 - a) I am responsible for timely payment of the full annual tuition and other fees due Pamlico Christian Academy.
 - b) In the event that I decide to withdraw or choose not to re-enroll my child in Pamlico Christian Academy, I will, for the school's benefit, inform the school concerning my reasons.
 - c) I am responsible for any and all damages my child may have made to school property.
3. I will fully support and abide by all Pamlico Christian Academy policies, including the school uniform policy. I affirm that I have read the Preschool Handbook in full.
4. I understand that Pamlico Christian Academy will employ the methods of discipline outlined in the discipline section of the Preschool Handbook.
5. I will support school personnel, programs, policies, and activities with prayer and communication.
6. I will nurture habits of punctuality, thoroughness, neatness, honesty, resourcefulness, and learning.
7. I will allow my child to be photographed or videotaped for promotional use (advertising, editorials, etc.) and/or training purposes to benefit PCA unless I have signed the attached Media Waiver.
8. I will direct any grievances, concerns, or issues which I may have through the proper channels, according to the principles outlined in chapter eighteen of the gospel of Matthew as summarized below:
 - a) I agree that all persons are to deal with the situation at its source. This usually means initially speaking privately with the person involved in a constructive and supportive attempt to attain clarification and resolution.
 - b) If, after honest attempts have been made and clarification or resolution has not been satisfactorily reached, then I will proceed to the next level of authority. This generally means speaking with the Head of School.
 - c) If satisfaction is not reached by this point, then I will proceed to the PCA School Board by bringing the matter to the Board's attention in writing.

I have read the above contract and agree to abide by it while my child is enrolled as a student at Pamlico Christian Academy.

(Signature)

(Date)

(Joint Signature)

(Date)



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EMERGENCY CONTACT LIST

Name: _____ Relationship to Child: _____

Phone Numbers: _____

Name: _____ Relationship to Child: _____

Phone Numbers: _____

Name: _____ Relationship to Child: _____

Phone Numbers: _____

Name: _____ Relationship to Child: _____

Phone Numbers: _____

Medical Information

Student: _____

Medical Diagnosis/Conditions: _____

Allergies (Food, Environmental, Animals, Insects, etc.):

Drug Allergies: _____

Medication necessary at school:

Annual Medical Update:

Asthma: Mild Moderate Severe Exercise-induced

Inhaler needed at school: Yes No

Diabetes Seizure disorder Bleeding disorder Migraine headaches Other _____

Consent for Medication

I grant permission for the school to administer acetaminophen to my child in the event of a fever while at school.

Yes _____ No _____

Parent/Guardian Signature: _____ Date: _____



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AUTHORIZATION FORM FOR CHILD'S RELEASE

I authorize the following people to pick up my child/children from Pamlico Christian Academy:

1. _____
Name and Relationship to Child
2. _____
Name and Relationship to Child
3. _____
Name and Relationship to Child
4. _____
Name and Relationship to Child
5. _____
Name and Relationship to Child

MEDIA Waiver / INTERNET PUBLISHING PARENTAL CONSENT FORM

Yes, I give my permission for Pamlico Christian Academy to use photographs/video footage of my child for information and possible distribution about the school, programs or people.

No, I do NOT want photographs/video footage of my child used by the Pamlico Christian Academy for information and possible distribution about the school, programs, or people.

Any special concerns you may have: _____

Parent Signature: _____ Date: _____