



PAMLICO CHRISTIAN ACADEMY

Physical Address:
11089 Hwy 55
Grantsboro, NC 28529

Mailing Address:
PO Box 68
Grantsboro, NC 28529

Phone: 252-745-0462
Email: office@pamlicochristianacademy.org
Internet: <http://www.pamlicochristianacademy.org>

2020-2021 STUDENT K-12 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 of \$200 (\$100 for early registration). Please know that all enrollments are contingent upon Head of School approval.

Student Information

Date _____

Name: _____

Last First Middle Name used

Date of birth: ____ / ____ / ____

Current grade: _____ Applying for Grade: _____

Father's Name or Legal Guardian: _____

Last First Middle

Father's Address: _____

Number Street City State Zip

Preferred Phone: _____

Place of Employment: _____

Mother's Name or Legal Guardian: _____

Last First Middle

Mother's Address: _____

Number Street City State Zip

Preferred Phone: _____

Place of Employment: _____

Parent Email: _____



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PARENT/GUARDIAN 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 office in writing concerning my reasons. **Regardless of the reason for withdrawal or expulsion, the financial obligation for the student continues for the remainder of the year. There will not be any refund for monies already paid, and if monthly tuition payments are underway, they should continue.**
 - 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 Student-Parent Handbook in full.
4. I understand that Pamlico Christian Academy will employ the methods of discipline outlined in the discipline section of the Student-Parent Handbook.
5. I will support school personnel, programs, policies, and activities with prayer and communication and to serve as a volunteer in various capacities.
6. I will nurture habits of punctuality, thoroughness, neatness, honesty, resourcefulness, independent reading and study. I will also expect my child to complete all homework daily and to make sure all books and completed homework are returned to school the following day.
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.

(Parent/Guardian Signature) (Date)

(2nd Parent/Guardian Signature) (Date)



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EMERGENCY CONTACT LIST

Name: _____ Relationship to Child: _____

Address & Phone: _____

Name: _____ Relationship to Child: _____

Address & Phone: _____

Name: _____ Relationship to Child: _____

Address & Phone: _____

Name: _____ Relationship to Child: _____

Address & Phone: _____

Grandparent Information

From time to time, our school has events that we like to invite grandparents and great grandparents to (even if they do not live close by) so they will feel a part of our school. Please include grandparent and great grandparent info here!

Grandparent name(s): _____

Address and Phone Number: _____

Grandparent name(s): _____

Address and Phone Number: _____

Grandparent name(s): _____

Address and Phone Number: _____

Grandparent name(s): _____

Address and Phone Number: _____

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 _____



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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: _____



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PCA Preferred Tuition & Fees Payment Method

Please indicate preferred tuition payment method:

- Annual payment due on or before July 1st (eligible for 3% discount)
- Bi-annual payments due July 1st and December 1st
- Ten monthly payments due July 1st through April 1st

Parent/Guardian Name: _____
(Person Responsible for Payment)

Payments may be made via cash, check or automatic bank draft to Pamlico Christian Academy. For monthly payment options, automatic bank draft is encouraged and may begin following the first monthly payment. Please check below if you would like to utilize automatic draft for your payments, and the office will contact you to set this up.

- I am interested in paying tuition and fees through automatic bank draft.