



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 PRESCHOOL RE-ENROLLMENT FORM

Dear Parents: We welcome you to the re-enrollment process for Pamlico Christian Academy Preschool! Please return this re-enrollment form to the office along with your registration fee of \$200 (\$100 for early registration). All enrollments are contingent upon Head of School approval.

Student Info

Applicant: _____
Last First Middle Name used

Male Female Date of birth: ___/___/___ Age: ___yrs. ___mos.

Request for Program: Preschool: _____ 5 Full Days _____ 5 Half Days
_____ 3 Full Days _____ 3 Half Days
_____ 2 Full Days

Pre-K (4 Years Old and Up):
_____ 5 Full Days _____ 3 Full Days

Circle Preferred Days of Week: M T W Th F

Parent/Guardian Information

Father's Name or Legal Guardian: _____
Last First Middle

Father's Address: _____
Number Street City State Zip

Preferred Phone: _____ Place of Employment _____

Father's Email Address: _____

Mother's Name or Legal Guardian: _____
Last First Middle

Mother's Address: _____
Number Street City State Zip

Preferred Phone: _____ Place of Employment _____

Mother's Email Address: _____

Student lives with (Circle all that apply):

Mother Father Grandparent Step-parent Guardian Other



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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 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.

(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: _____

AUTHORIZATION FOR CHILD'S RELEASE

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

Name and Relationship to Child _____

Name and Relationship to Child _____

Name and Relationship to Child _____

Name and Relationship to Child _____

MEDIA WAIVER

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.

Parent Signature: _____ Date: _____

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: _____



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PCA Preferred Tuition & Fees Payment Method

Please indicate preferred tuition payment method:

- Annual payment due on or before July 1st
- 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 through automatic bank draft.