



Pamlico Christian Academy

change your child's life

K-12th Grade ENROLLMENT FORM

Congratulations on your child's acceptance to Pamlico Christian Academy! To secure your child's spot, please complete this enrollment form and pay the Enrollment Fee Invoice which will be sent via email. Email completed form to admissions@pca-mariners.org

Student Information

Date _____

Name: _____
Last First Middle Name used

Date of Birth: ____ / ____ / ____ Grade: _____

My Student (grades 7-12) will need to use a PCA laptop (*\$200 Technology Fee laptop usage*) YES NO

Opportunity Scholarship Required Information-Check one:

- I HAVE or will apply for the NC Opportunity Scholarship: Tier _____ (select PCA as your school)
- I need help applying for the NC Opportunity Scholarship.
- I will NOT apply for the NC Opportunity Scholarship.

Parent or Legal Guardian 1: _____
Last First Middle

Preferred Phone Number _____

Preferred Email Address _____

Parent or Legal Guardian 2: _____
Last First Middle

Preferred Phone Number _____

Preferred Email Address _____



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. **With few exceptions outlined in Student-Parent Handbook, 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): _____ Email: _____

Address and Phone Number: _____

Grandparent name(s): _____ Email: _____

Address and Phone Number: _____

Grandparent name(s): _____ Email: _____

Address and Phone Number: _____

Grandparent name(s): _____ Email: _____

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 _____



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: _____

Email completed form to admissions@pca-mariners.org To complete enrollment process please check your email for Enrollment Fee invoice and pay online, at the main office, or the night drop box - both located at Lower School campus.



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Transportation *[Bi-Annual payments due July 1st and Dec. 1st]*

I will need Craven/Pamlico Transportation for this student YES NO

-be sure to select stop below

Roundtrip \$800 Mornings only \$400 Afternoons only \$400 Intercampus Only \$300

Bridgeton Food Lion CStone Church James City Vanceboro Stop

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)

Tuition Payments may be made via cash, check, credit card, or automatic bank draft to Pamlico Christian Academy. For monthly payment options, bank draft is encouraged. Please check below if you would like to utilize automatic draft for your payments, and complete attached Bank Draft Authorization.

- I am interested in paying tuition through automatic bank draft.
Please fill in bank information and sign form on following page if you would like auto draft.



Authorization Form for Bank Draft

I _____, do hereby authorize Pamlico Christian Academy to begin drafting my account from the banking institution and account that I have listed below. I understand that if at any time I decide to discontinue this payment service, I will notify Pamlico Christian Academy of its termination and in such a manner as to afford the financial institution reasonable opportunity to act on it. The Bank Draft program is a free service provided by Pamlico Christian Academy. In the event that Pamlico Christian Academy withdraws funds erroneously from my account, I authorize Pamlico Christian Academy to credit my account for an amount not to exceed the original amount of the erroneous debit. Then debit the correct amount.

Please attach a voided check and complete the following:

Date _____

Bank Name _____

Account Type: _____

Bank Routing # _____

Bank Account # _____

Start Date: _____

Draft Amount:

(see terms once invoice is emailed)

Frequency of Tuition Draft: Ten Monthly One time Annually Bi-Annually

Transportation Draft: Yes No One time Annually Bi-Annually

For Donations: \$ _____

For Tuition Payment Only:

_____ day of each month

_____ 5th _____ day of each month

Name: _____

First

Middle

Last

Signature: _____

Typing your name above serves as an electronic signature