



# Pamlico Christian Academy

*change your child's life*

## 2023-2024 STUDENT K-12 ENROLLMENT FORM

Congratulations on your child's acceptance to Pamlico Christian Academy! Please return this enrollment form to the office along with your **enrollment fee of \$300** (\$150 for early enrollment). This will secure your child's placement in our school. Thank you!

### Student Information

Date \_\_\_\_\_

Name: \_\_\_\_\_

Last

First

Middle

Name used

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Grade: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

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

My family requests a donor-funded Multi-student Family Scholarship if eligible  YES  NO

Father's Name or Legal Guardian: \_\_\_\_\_

Last

First

Middle

Preferred Phone Number \_\_\_\_\_

Preferred Email Address \_\_\_\_\_

Mother's Name or Legal Guardian: \_\_\_\_\_

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)

\_\_\_\_\_  
(2<sup>nd</sup> 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: \_\_\_\_\_

**To expedite enrollment process, we will accept credits cards. Please call 252-745-0462 to pay via credit card at the time of submission and email enrollment to [office@pamlicochristianacademy.org](mailto:office@pamlicochristianacademy.org)**



## PCA Preferred Tuition & Fees Payment Method

Please indicate preferred tuition payment method:

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

**Parent/Guardian Name:** \_\_\_\_\_  
**(Person Responsible for Payment)**

Tuition payments may be made via cash, check, online bill pay through your bank 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.  
*Please fill in bank information and sign form on following page if you would like auto draft.*

Revised 02/01/2023



## 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: \$ \_\_\_\_\_

Frequency of Draft: once a month  One time only

For Donations Only:

For Tuition Payment Only:

\_\_\_\_\_ day of each month

\_\_\_\_\_ 5th \_\_\_\_\_ day of each month

Name: \_\_\_\_\_

*First*

*Middle*

*Last*

Signature: \_\_\_\_\_