



Early Education
ENROLLMENT CHECKLIST
2019-2020

Student Name _____ Class Entering _____

RETURN THIS CHECKLIST ON TOP OF YOUR ENROLLMENT PACKET

REGISTRATION FEE MUST BE RECEIVED ALONG WITH YOUR PACKET IN ORDER
FOR YOUR CHILD TO BE REGISTERED

_____ **Student Application**

_____ **Leap and Grow Enrollment Form** (if before or after care is needed)

_____ **Statement of Financial Commitment**

_____ **Registration Fee**

_____ **Tuition Payment Preference Form** (signed by party responsible for paying all PCA costs)

_____ **State of Kentucky Certificate of Immunization** (Must be turned in or faxed to the office no later than the first official day of school. The school's fax number is 502-370-4766,)

Nondiscrimination Policy

Providence Christian Academy adheres to a longstanding policy of admitting students of any race, color, nationality or ethnic origin to all rights, privileges, programs and activities generally accorded or made available to students at the school. PCA does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, athletic programs, or any other school-administered programs.

Please
CIRCLE
your
choice
➔

2 year olds

T/TH Half Day

M/W/F Half Day

3 year olds

T/TH Half Day

M/W/F Half Day

M-F Full Day

4 year olds

T/TH Half Day

M/W/F Half Day

M-F Half Day

M-F Full Day (Kindergarten Readiness)

STUDENT INFORMATION

NAME: _____ M F DOB ____/____/____ Ethnicity _____
LAST FIRST MIDDLE (Circle One)

ADDRESS: _____ Child's SS# ____-____-____
STREET CITY STATE ZIP

Applicant lives w/ Both parents Mother Father Guardian Other _____

Previous school _____ Other children in home and ages _____

MOTHER/GUARDIAN DATA

NAME: _____ SS# ____-____-____
LAST FIRST MAIDEN

ADDRESS: _____ PHONE: Home# () _____
STREET CITY STATE ZIP

Cell# () _____

Email address: _____

Place of Employment: _____ Occupation: _____ Phone: () _____

Church Home: _____

FATHER/GUARDIAN DATA

NAME: _____ SS# ____-____-____
LAST FIRST MIDDLE

ADDRESS: _____ PHONE: Home# () _____
STREET CITY STATE ZIP

Cell# () _____

Email address: _____

Place of Employment _____ Occupation: _____ Phone: () _____

Church Home: _____

STUDENT PICK-UP AUTHORIZATION

Other than the mother & father listed, please provide names of people who have permission to pick your child up from school.

<u>NAME</u>	<u>PHONE#</u>	<u>RELATIONSHIP</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROVIDENCE

HEALTH FORM 2019-2020

Student _____ M / F DOB ____/____/____ Home Phone _____ Grade Entering _____
Last First Middle
Mother _____ Daytime Emergency# _____ Secondary Phone# _____
Father _____ Daytime Emergency# _____ Secondary Phone# _____
Physician _____ Office# _____ Dentist _____ Office# _____
Preferred Hospital _____ Insurance Provider _____

List two LOCAL CONTACTS and relationship (aunt, grandparent, friend, etc.) that can pick up child in case of sickness or emergency, should both parents be unreachable.

Name _____ Relationship _____ Home# _____ Wk# _____ Cell# _____
Name _____ Relationship _____ Home# _____ Wk# _____ Cell# _____

PLEASE INDICATE ANY MEDICAL CONDITIONS

	NO	YES	EXPLANATION		NO	YES	EXPLANATION	
EARS				SPEECH				If your child is under a physician's care for a chronic condition, please explain thoroughly .
Hearing Difficulties				ALLERGIES				
Hearing aid				ASTHMA				
Chronic infections				FOOD/DRUGS				
EYES				INSECT BITES				
Glasses				OTHER				
Contacts				ARTHRITIS				List the medications your child takes on a regular basis and explain the reason for each:
HEART/LUNGS				CHICKEN POX				
Fainting				DIABETES				
Chest pains				HEMOPHILIA				
SPINE/NECK				MIGRAINES				
BACK				NOSE BLEEDS				
Scoliosis				SEIZURES				
SHOULDERS				BLOOD TYPE				
ARM: elbow wrist, hand				OTHER				
LEG: hips, knees, ankles, feet								
KIDNEYS								

I hereby give permission for emergency medical treatment as deemed necessary by attending medical personnel while this student is under the supervision of Providence Christian Academy. This includes the school's sports program and all other school sponsored activities. Any photocopy of this form carries the same authority as the original.

Parent Signature _____ Date _____

PROVIDENCE

STATEMENTS OF AGREEMENT AND FINANCIAL COMMITMENT 2019-2020

Please list all students in your family
enrolled at PCA, including
Early Education and K-12th grade

STUDENT _____ GRADE ENTERING _____
STUDENT _____ GRADE ENTERING _____
STUDENT _____ GRADE ENTERING _____
STUDENT _____ GRADE ENTERING _____

By signing the Statement of Agreement and Financial Commitment, I (We) agree to the following:

- A. Student Placement:** I request that the school reserve a seat for my student for the 2019-2020 school year, or the remainder of the year if the student enters during the year. _____(initial)
- B. Effective Date of Contract:** This contract shall be effective only upon my signature, receipt of this contract by the school, acceptance by the school, and is subject to the admission policies of the school. _____(initial)
- C. Tuition and Fees/Financial Policy:** Tuition and fees will be charged according to the Schedule of Tuition and Fees adopted by the school for the applicable school year. By signing this contract, I agree to abide by the policies relating to the payment of such tuition and fees. _____(initial)
- D. Tuition Assistance:** Any tuition assistance given will be applied to my account on a monthly basis. I understand that it is my responsibility to pay the balance of my monthly tuition in accordance with Item C above. _____(initial)
- E. Rules and Regulations:** I agree to comply with the rules and regulations adopted by the school's administration and Board of Directors. These include rules of conduct and academic requirements to be met by my student. I also agree that the school may dismiss, suspend, or discipline my student if these rules or requirements are not met, or for any reason deemed appropriate by the school. _____(initial)
- F. Permission for Student's Participation in Activities:** I agree that my student may take part in any in school sponsored activity. Any exception to my permission must be in writing and signed by myself and the Administration. I release the school and its employees and agents from any liability for any injury sustained by my child at school or in conjunction with any school activity unless caused by the gross negligence of the school. _____(initial)
- G. Virtual Permission:** Students enrolled in Providence Christian Academy may have their likeness and/or their school work appear in several publications. These include but are not limited to pictures in the *Georgetown News/Graphic*, the Scott County Web site, school photographs, videotapes, the school yearbook, and the school's website and/or social media sites. Whenever possible, the student's last name will not be used. However, a picture appearing in the *Georgetown News/Graphic* requires that the student be identified by first and last name. *I hereby give Providence Christian Academy permission to use my child's likeness during the 2019-2020 school year.* _____(initial)
Exceptions: _____
- H. Permission for Transportation and Medical Care:** I agree the school has my permission at any time to allow faculty, staff members, or other persons authorized by the school, to transport my student on any school trip and/or event or to receive medical care. Any exception to my permission must be set out in writing and signed by myself and the Administration. I release the school, its employees and agents from any liability for any injury sustained by my child at school or in conjunction with any school activity, unless caused by the gross negligence of the school. _____(initial)
- I. I agree to comply with and be bound by all written policies and procedures of Providence Christian Academy, as detailed in the PCA Handbook, and understand that they may be amended during the school year.** _____(initial)

J. **K-12 ONLY:** I agree to meet the 20 hour service requirements of PCA's Parents in Partnership Program. _____ (initial)

K. I understand and agree that my child will be taught according to the PCA Statement of Faith:

- ◇ We believe the Bible to be the inspired, infallible, authoritative, inerrant Word of God.
- ◇ We believe that there is one God, eternally existent in three persons—Father, Son and Holy Spirit.
- ◇ We believe in Jesus Christ as fully divine and fully human. We believe in His virgin birth, His sinless life, His miracles, His vicarious and atoning death, His resurrection, His ascension to the right hand of the Father, and His personal return in power and glory.
- ◇ We believe that the atoning sacrifice of Jesus Christ makes salvation possible for all persons. It is by grace through faith that humanity becomes regenerated, justified, sanctified, and glorified in Jesus Christ. By accepting Him as Lord and Savior, one is born again by the Holy Spirit and becomes a child of God.
- ◇ We believe in the resurrection of both the saved and the lost; persons saved by grace through faith are resurrected to eternal life, while those who reject salvation by grace through faith are resurrected to eternal misery and separation from God.
- ◇ We believe in the spiritual unity of believers in our Lord Jesus Christ. We believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life. _____ (initial)

The person responsible for payment of tuition:

Name

Phone: (____) _____ (____) _____ (____) _____
Home Work Cell

Billing Address _____
Number Street City State Zip

Email address(es) to receive PCA Statements:

WITHDRAWAL PROCEDURES

- 1) A PCA Withdrawal Request form must be completed, signed and submitted to the office.
- 2) If an elementary/middle school student wishes to withdraw from enrollment before the school year begins, the school must be notified in writing before July 15th.
- 3) If the student is withdrawn between July 15th and the first day of school, there is a fee of \$350.
- 4) If the student withdraws on or after the first day of school, the full tuition for the fall semester must be paid. _____ (initial)
- 5) If an elementary/middle school student withdraws from enrollment on or after the first day of school following the Christmas break, the full tuition for the spring semester must be paid. _____ (initial)
- 6) Early Education tuition is due for the entire month in which the student is withdrawn.
- 7) No cumulative records will be forwarded until the Withdrawal Request has been accepted by the administration and all other financial obligations according to the school's policies have been satisfied. _____ (initial)
- 8) These guidelines may be waived in extenuating circumstances with the approval of the school board.

Signature of Father/Guardian Date Signature of Mother/Guardian Date

Signature of person responsible for tuition if other than above Date

Please complete ONE form for all Early Education students in your family, and return to the office.



EARLY EDUCATION Tuition Payment Preference Form 2019-2020

NAME OF STUDENT (List Oldest Student First)	AGE OF CHILD ON 08/01/2019
1.	
2.	
3.	

CHOOSE FROM CLASSES BELOW	
2 YEAR OLD	4 YEAR OLD
<input type="checkbox"/> T/Th	<input type="checkbox"/> M/W/F Half day
<input type="checkbox"/> M/W/F	<input type="checkbox"/> T/Th Half day
3 YEAR OLD	<input type="checkbox"/> M-F Half day
<input type="checkbox"/> M/W/F Half day	<input type="checkbox"/> M-F Full day
<input type="checkbox"/> T/Th Half day	(Kindergarten
<input type="checkbox"/> M-F Full day	Readiness)

- A. ANNUAL PAYMENT PLAN:** Pay full tuition in advance by August 1, 2019 and receive a 2% discount.
- B. SEMESTER PAYMENT PLAN:** First semester tuition paid by August 1, 2019, will receive a 1% discount. Second semester tuition paid by January 1, 2020, will also receive a 1% discount.
- C. 10 MONTH PAYMENT PLAN:** Tuition may be paid in ten (10) equal monthly payments. The first payment is due August 1, 2019 with the final payment due May 1, 2020. *Payments not received by the 15th of each month, or the first business day thereafter, will be charged a \$30 late fee.*
- D. 12 MONTH PAYMENT PLAN:** Tuition may be paid in twelve (12) equal monthly payments. The first payment is due June 1, 2019 with the final payment due May 1, 2020. *Payments not received by the 15th of each month, or the first business day thereafter, will be charged a \$30 late fee.*

- PCA accepts cash and checks, as well as payments made through your on-line banking program. You may also use RenWeb to make credit card or e-check payments, or enroll in our program for automatic deductions from your checking account.
- A \$30 fee will be charged for checks returned for insufficient funds. After two occurrences in a school year, only guaranteed funds (cashier's check, money order, cash or certified check) will be accepted for payment.
- At anytime during the school year, report cards and/or school records may be held until all outstanding and miscellaneous fees (lunch charges, Leap and Grow, etc.) have been paid.

* For the school year 2019-2020, I agree to pay all tuition and fees according to one of the options above.

Signature of Responsible Party Agreeing to Payment Plan:
_____ Date _____

Relationship to Student: Parent Grandparent Guardian (please circle one)

E-mail address for financial statements: _____@_____

OFFICE USE ONLY

SIGNATURE ACKNOWLEDGMENT

I, _____

have read the Parent/Student Handbook and am in agreement with the educational philosophy of PCA, the Admissions Policy and with the Statement of Faith. I am also aware of and in agreement with the polices concerning student debt, the guidelines of conduct, grading procedures, Parents in Partnership, dress code and attendance set forth, and understand the consequences for non-compliance. I further understand that addendums to the Handbook may occur from time to time and agree to abide by any changes the school decides are necessary, which will be provided in writing.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date



LEAP AND GROW REGISTRATION 2019 - 2020

Child's Name _____

Age/Grade _____

Date of Birth _____

Please select from the services below by placing a check mark in the appropriate box.

LEAP AND GROW REGISTRATION AND MATERIAL FEES \$50

TIMES

PRICE PER DAY

DAYS NEEDED

6:00 - 7:00 AM

Registered \$3.25
Drop In Combined
with session below

M	T	W	Th	F

7:00 - 8:30 AM

\$4.25 \$25.00

M	T	W	Th	F

1:00 - 3:30 PM

\$10.50 \$25.00

M	T	W	Th	F

3:30 - 6:00 PM

\$8.50 \$25.00

M	T	W	Th	F

All 2 yr olds are required to take a 2 hr nap. Children 3 yrs old and up may either rest for 30 min or take a 2 hr nap.

FULL CARE EARLY EDUCATION (USE FOR STUDENTS IN HALF DAY PROGRAMS)

6:00 - 8:30 AM / 1:00 - 6:00 PM

\$102 / WEEK

OFFICE USE ONLY:

AMOUNT: \$ _____

CHECK # _____

CASH \$ _____

FULL CARE ELEMENTARY / MIDDLE / HIGH SCHOOL AND FULL DAY EARLY EDUCATION STUDENTS

6:00 - 8:30AM / 3:30 - 6:00 PM

\$62 / WEEK

PLEASE READ THE INFORMATION BELOW

All drop-ins must give 24 hour notice. This will ensure that there is room for your child on the day needed for Leap & Grow. Drop-ins will not be billed. Payment is required when drop-in services are rendered. L&G charges are included on the monthly tuition invoices and are due the first of the month. Parents are billed for the days selected on this registration form unless a L&G Change form has been submitted. Random changes in schedules are not cause for reimbursements, unless alternate plans are arranged in advance by the Early Education Director with a written request by the parent.

YES! I WANT TO REGISTER MY CHILD FOR THE ABOVE EXTRA SERVICES. I AGREE TO BE A FINANCIAL PARTNER WITH PROVIDENCE CHRISTIAN ACADEMY AND WILL PROVIDE COMPENSATION FOR THESE SERVICES AS AGREED IN THE PCA HANDBOOK. I HAVE READ AND UNDERSTAND THE SCHEDULING INFORMATION IN THE PARAGRAPH ABOVE.

Signature: _____

Date: _____

Parent e-mail: _____

Revised 01/31/19 JV KG

PROVIDENCE

FINANCIAL AGREEMENT 2019-2020

PLEASE KEEP FOR YOUR RECORDS

- A Tuition Payment Preference Form will be signed by each school family prior to enrollment. This agreement outlines the family's payment schedule and is an acknowledgement of their understanding of their financial responsibility.
- The responsible party agreeing to the payment plan must contact the Business Manager if financial problems arise.
- PCA reserves the right to suspend educational services, the administering of exams, and the issuing of grades if an account is delinquent. A late fee of \$30 per month may be assessed to delinquent accounts.
- No student will be allowed to re-enroll at PCA until ALL previous accounts are paid in full.

REGISTRATION

- Students re-enrolling in PCA during the month of February before 6pm, Friday, February 22nd, 2019, will be registered at a rate of \$100 per student, with a \$200 family maximum.
- Students re-enrolling or enrolling beginning on February 23rd, 2019, will be registered at a rate of \$150 per student, with a \$300 family maximum.
- Registration fees are non-refundable unless a spot is not available.

TUITION SCHEDULE 2019-2020

Prepayment Discounts—A 2% discount will be applied to the total tuition amount if the full year is paid on or before August 1, 2019. Semi-annual/Semester Payments: First semester tuition paid by the first day of school will receive a 1% discount. Second semester tuition paid in advance by January 1st will also receive a 1% discount.

Sibling Discounts—Families with multiple children enrolled at PCA, with at least one child in grades K-9, are eligible for discounted tuition. The discounts are as follows: First (oldest) child 0% discount, second (oldest) child 20% discount, third and subsequent children 30% discount per child. If the second child is in preschool, the discount is 10% and the third and subsequent child in preschool is 15%.

Pastoral Discounts—A 20% Pastoral Discount is available to any full-time, paid, pastoral staff as verified by the individual church and approved by the PCA Board.

PROGRAM	AGE	ANNUAL TUITION
Early Education (all fees are included) Half day = 8:30am to 1:00 pm Full day = 8:30am to 3:30pm	2 YEAR OLDS	M/W/F HALF DAY \$3,125 T/Th HALF DAY \$2,127
	3 YEAR OLDS	M/W/F HALF DAY \$3,125 T/Th HALF DAY \$2,127 M-F FULL DAY \$5,900
	4 YEAR OLDS	M/W/F HALF DAY \$3,125 T/Th HALF DAY \$2,127 M-F HALF DAY \$4,122 M-F FULL DAY \$5,900 (Kindergarten Readiness)
Leap and Grow (before and after school care)	Available for all grades	\$50 one time registration fee See Leap & Grow registration form for more information.



Tuition Management

FACTS provides flexible payment plan options to families at private and faith-based schools. Families can budget their tuition, making private school more accessible and affordable. Our process is simple, convenient, and secure.

To set up your FACTS agreement, visit your school's website and locate the FACTS link, or go to <https://online.factsmgt.com>

FACTS CONFIRMATION NOTICE

Once your information is received and processed by FACTS, you will receive a confirmation notice. This notice will confirm your payment plan information. Please check this information for accuracy, and contact your school or FACTS with any discrepancies.

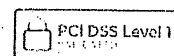
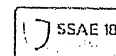
Frequently Asked Questions

- **Is my information secure?**
Yes. Your personal information, including payment information, is protected with the highest security standards in the industry. For more information on security, visit [FACTSmgt.com/Security-Compliance](https://factsmgt.com/Security-Compliance).
- **When will my payments be due?**
Your payment schedule is set by your school, and your financial institution will decide the time of day your payments are processed.
- **What happens when my payment falls on a weekend or a holiday?**
Your payment will be processed on the next business day.
- **What happens if a payment is returned?**
Returned payments may be subject to a FACTS returned payment fee. Watch for a returned payment notice for additional information.
- **How do I make changes once my agreement is on the FACTS system?**
Changes to your address, phone number, email address, or banking information can be made at Online.FACTSmgt.com or by contacting your school or FACTS. Any changes to payment dates or amounts need to be approved by the school and the school will then need to notify FACTS. **All changes must be received by FACTS at least two business days prior to the automatic payment date in order to affect the upcoming payment.**
- **What is the cost to set up a payment plan?**
If an enrollment fee is due, the amount of the fee is indicated when setting up your agreement. If applicable, the nonrefundable FACTS enrollment fee will be automatically processed within 14 days of the agreement being posted to the FACTS system.

FACTS CUSTOMER SERVICE

We are committed to doing all we can to provide you with the highest quality customer service in the industry. Whether you want to view your account online or speak with one of our highly trained customer service representatives, FACTS is dedicated to serving you. **To view your payment plan details, log in to your FACTS account at Online.FACTSmgt.com. Customer Care Representatives are also available to assist you 24/7.**

Online.FACTSmgt.com



PROVIDENCE

2019-2020 CALENDAR

August 21	First Day of School
September 2	Labor Day (No School)
October 7-11	Fall Break (No School)
October 18	Faculty/Staff in Service Day
November 27 - 29	Thanksgiving Holiday (No School)
December 23 – January 3	Christmas Holiday (No School)
January 20	M. L. King, Jr. Holiday (No School)
February 14	Faculty/Staff in Service Day
February 17	President's Day (No School)
March 30-April 3	Spring Break (No School)
April 10	Good Friday (No School)
May 25	Memorial Day (No School)
May 28	Last Day of School for Students