



Pike County Christian Academy

Returning Student Enrollment Checklist

Student's Name: _____ Grade: _____

- Student Enrollment Form
- Student Physical – K, 6th, 9th
- Student Immunization – K, 6th, 9th
- Student Dental Exam – K, 2nd, 6th, 9th
- Student Vision Exam – K
- School-related permissions and information
- Parent Covenant
- Financial Agreement
- Annual Medical Update
- Over the Counter Medication Consent Form
- Prescription Medication Consent Form
- Tuition Information Sheet



Pike County Christian Academy



Parent Covenant

Student's Name: _____ Grade: _____

According to the Bible, it is the parent's privilege and responsibility to discipline their own children in the ways of faith and life. PCCA is founded to assist parents in raising up their children in the way they should go by providing a quality God - centered education. As such, PCCA has a basic standard of belief and practice for parents, students, and teachers of PCCA.

- 1.) We/I Agree to PCCA's Statement of Faith (See next page)
- 2.) We/I agree to participate in the Christian education of my child by exemplifying Christian principles in our home.
- 3.) We/I agree to support the policies and procedures of PCCA in attitude, word, and deed, as well as to encourage my child to do the same.
- 4.) We/I agree to follow a Biblical approach for dealing with difficulties that involve my child. I understand that I am to communicate with the teacher and Administrator in a spirit of mutual respect and love. Teachers, parents, and students will not gossip or sow discord among uninvolved persons (Matthew 18:15-17)
- 5.) We/I agree to pray regularly for the needs of the school, teachers, and the school's leadership.
- 6.) We/I agree to promote unity by avoiding arguing over non-essential denominational differences.
- 7.) We/I agree to attend and participate in all scheduled parent meetings
- 8.) We/I agree to ensure that my student is in school EVERY DAY with necessary books, materials, and supplies except in case of serious illness
- 9.) We/I agree to make sure my student arrives at school with time to organize books and supplies.
- 10.) We/I agree to work with school staff to promote appropriate speech, behavior, and social development in each student. Close cooperation and rapid response are particularly important when a student's behavior is not in accordance with the standards of PCCA.
- 11.) We/I agree to provide children ample time in the evenings and weekends to complete assignments and studies.
- 12.) We/I agree to pay all tuition and fees on time, understanding that failing to do so may result in the suspension of my student from PCCA.



Pike County Christian Academy

PCCA Statement of Faith

Student's Name: _____ Grade: _____

- 1.) We believe the Bible to be the inspired, infallible, authoritative, and inerrant Word of God (2 Timothy 3:16, Peter 1:21)
- 2.) We believe there is one God, eternally existent in three persons – Father, Son, and Holy Spirit (Genesis 1:1, Matthew 28:19, John 10:30)
- 3.) We believe in the deity of Christ (John 10:33), His virgin birth(Isaiah 7:14, Matthew 1:23, Luke 1:35), His sinless life(Hebrews 4:15, 7:26), His Miracles(John 2:11), His vicarious and atoning death(1 Corinthians 15:3, Ephesians 1:7, Hebrews 2:9), His Resurrection(John 11:25, 1 Corinthians 15:4), His Ascension to the right hand of God(Mark 16:19), His personal return in power and glory(Acts 1:11, Revelation 19:11).
- 4.) We believe in the absolute necessity of regeneration by the Holy Spirit for Salvation, because of the exceeding sinfulness of human nature; those men are justified only by faith in the shed blood of Christ; and that only by God's grace and through faith we are saved (John 3:16-19, Romans 3:23, 5:8-9, Ephesians 2:8-10, Titus 3:5)
- 5.) We believe the time is coming when all who are in their graves will hear his voice and come out – those who have done good will rise to live, and those who have done evil will rise to be condemned (John 5:28-29)
- 6.) We believe in the spiritual unity of believers in our Lord Jesus Christ (Romans 8:9, 1 Corinthians 2:12-13, Galatians 3:26-28)
- 7.) We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a Godly life (Romans 8:13-14, 1 Corinthians 3:16, 6:19-20, Ephesians 4:30, Philippians 1:6)

Church Attendance

All PCCA Students are required to attend church on a consistent basis. PCCA will contact the family's church pastor prior to acceptance in to PCCA to confirm church attendance. Lack of regular attendance will result in non-acceptance. Once accepted, if regular church attendance ceases, disciplinary action, up to expulsion, could result. If expelled, the student can only then be reinstated through school board action. If the student changes church location, it is the responsibility of the student and/or parents to update the school of this change.

	Parent/Guardian #1	Parent/Guardian #2
Print Name	_____	_____
Relationship	_____	_____
Signature	_____	_____
Date	_____	_____



Pike County Christian Academy



School – Related Permissions and Information

Please fill in completely. You must complete a separate form for each student.

Student's Name: _____ Grade: _____

1. *Field Trips:* Permission is granted for the above-named student to go on school supervised field trips

Signature of Parent/Guardian: _____ Date: _____

2. *Medical Emergency:* Permission is granted for the above-named student to be given appropriate medical care in case of an emergency or life threatening situation when circumstances are such that it is impractical or unreasonable to obtain my consent. (However, I understand that the school will contact me as soon thereafter as is reasonable.) In such cases, I will assume responsibility for the cost of those related emergency medical services.

Signature of Parent/Guardian: _____ Date: _____

3. *Class List and Photo Release:* Check types of information you will permit to be published on a class list for distribution to parents or other students in this student's class, to be used for special school events.

Address Phone Number Email None

4. *Leaving Campus* (Highschool students only) This student is permitted to leave campus for lunch unsupervised and at his/her own risk, e.g., walking, biking, driving, or waiting off campus for private or public transportation.

Signature of Parent/Guardian: _____ Date: _____



Pike County Christian Academy



Annual Medical Update

A health history update on your child is needed each year so that Pike County Christian Academy staff will be aware and prepared to meet any medical emergency that may occur. Confidentiality will be of high priority, but information may need to be shared with staff to assure everyone will know what care is to be given if any of the below conditions occur.

Please list the following for any medication applicable below: Doctor, medication, amount, and time of administration

Student's Name: _____ Grade: _____

- 1.) Is your child allergic to any medication, food, or insects (bees)? If yes, please list the care required. _____

- 2.) Does your child have asthma as diagnosed by a physician? If yes, please list the care required. _____

- 3.) Has your physician diagnosed your child as hyperactive? If yes, please explain and list current medication and care. _____

- 4.) Does your child have a seizure disorder, diabetes, or other significant illness or injury as diagnosed by a physician? If yes, please explain and list current medication and care. _____

- 5.) Does your child wear glasses? _____ Contacts? _____ If yes, is correction for near vision difficulties or far vision difficulties? _____
If he/she does not wear glasses all the time, when should the glasses be worn? _____

- 6.) Is there any other medical information we need to adequately care for your child?



Pike County Christian Academy

Over- the-Counter Medication Consent Form

All over-the-counter medication requires annual authorization by parent/guardian.

Student Name: _____ Birthdate: _____ Grade: _____

Name of Medication	Dosage	Frequency	Time	Intended Effect/Expected Side Effect, if any

As the parent and guardian of the above-named student, I give Pike County Christian Academy permission to administer the above medication(s) to my child for the following reason or diagnosis.

I confirm that I am primarily responsible for administering medication to my child; however in the event that I am unavailable to do so or in the event of a medical emergency, I hereby authorize PCCA and its employees and agents, in my behalf and stead, to administer or attempt to administer to my child (or allow my child to self- administer, while under the supervision of the employees and agents of PCCA), lawfully prescribed medication in the manner as described above. I acknowledge that may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse, and specifically consent to such practices. I further acknowledge and agree that, when lawfully prescribed medication is administered or attempted to be administered, I waive any claims I might have against the school, its employees and agents either jointly or severally, from and against all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts of administration of said medication.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (print): _____



Pike County Christian Academy

Prescription Medication Authorization Form

All prescription medication requires annual authorization *by physician*.

Student Name: _____ Birthdate: _____ Grade: _____

Name of Medication	Dosage	Frequency	Time	Intended Effect/Expected side effect, if any. If EPI Pen or inhaler allowed to carry?
Physician's Signature				Date:
Physician's Name (print)				Phone #:
Address:				

As the parent and guardian of the above-named student, I give Pike County Christian Academy permission to administer the above medication(s) to my child for the following reason or diagnosis

I confirm that I am primarily responsible for administering medication to my child; however in the event that I am unavailable to do so or in the event of a medical emergency, I hereby authorize PCCA and its employees and agents, in my behalf and stead, to administer or attempt to administer to my child (or allow my child to self-administer, while under the supervision of the employees and agents of PCCA), lawfully prescribed medication in the manner as described above. I acknowledge that may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse, and specifically consent to such practices. I further acknowledge and agree that, when lawfully prescribed medication is administered or attempted to be administered, I waive any claims I might have against the school, its employees and agents either jointly or severally, from and against all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts of administration of said medication.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (print): _____



Pike County Christian Academy



Student Record Release

Date: _____

Releasing School: _____

Address: _____

Phone: _____

Dear Counselor:

My child has been withdrawn from your school. Please release his/her academic and health records to Pike County Christian Academy.

Student's Name	Age	Grade level at withdrawal

Signature of Parent/Guardian: _____

Signature of Receiving Administrator: _____



Pike County Christian Academy

Tuition Plan for 2022-2023 School Year

	Yearly Tuition	12- Month Payment (July – June)	10-Month Payment (Aug – May)	Registration fee (paid upon acceptance)	Book fee (paid upon acceptance)
K-12	\$4,320	\$360	\$432	\$150	\$300
Preschool	\$2500	\$210	\$250	\$150	\$150

Tuition is due on the 15th of each month. If an account becomes more than 30 days past due, a \$30 late fee will be applied. At 60 days past due, any scholarship awarded is lost until payment is caught up, and at 90 days past due, the student is removed from the school.

No transcripts, records, or diplomas will be sent or given if a family is not current on the total school bill. Students will not be allowed to begin a new school year unless tuition is current. Chronic late tuition payments may impact future reacceptance decisions.

Scholarship/Tuition Reduction Plan: PCCA will award a small number of need-based scholarships. These are awarded on a first come, first serve basis. Scholarship applications are available in the school office.

Volunteer Work Hours: All registered PCCA students and/or their parents are required to volunteer a minimum of 2 hours per month for 10 months, *per student*. Students receiving a scholarship are required to volunteer more than 2 hours; required hours will be noted on the scholarship letter.

There are innumerable ways to earn volunteer hours. Some examples include: working school fundraisers, helping organize school events, supervising in the morning or at lunch, painting walls or repairing items, vacuuming classrooms, cleaning windows and restrooms, grading papers, mowing lawn, substitute teaching, teaching an extracurricular activity, etc. Specific volunteer needs will be posted on the school message app.

You are responsible for recording your volunteer hours on the volunteer log. Anyone who has not fulfilled all volunteer hours by July 30 will be charged \$60 per hour for any remaining hours.

Refer-a-friend: Families can receive a "5% of paid" tuition credit by referring a new family that enrolls at PCCA. If a new family brings a PCCA referral card to registration, the referring family will receive a tuition credit equivalent to 5% of ONE STUDENT's yearly paid tuition. The new family will have its registration fee waived for ONE STUDENT (\$150 Value). You can refer an unlimited number of families.



Pike County Christian Academy



Financial Agreement

I (We) have read, understand, and agree to comply with the school's financial policy as set forth herein. In the event of noncompliance, I assume full responsibility for any attorney's fees, court costs, damages, or other cost incurred for collection.

Student: _____

Date of Birth: _____

Grade: _____

Address: _____

Phone Number: _____

Father/Legal Guardian Printed: _____

Father/Legal Guardian Signature: _____

Mother/Legal Guardian Printed: _____

Mother/Legal Guardian Signature: _____

Date: _____