

# Paramount Christian Academy Preschool/ Pre-K Enrollment Packet 2018-2019 School Year

*Real Hope, Real Lives, Real Future*



Paramount Christian Academy  
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“Direct your children  
onto the right path, and  
when they are older,  
they will not leave it.”

Proverbs 22.6 NLT

# Welcome to Paramount Christian Academy!

We are blessed to have your family join us for the 2018-2019 school year!

PCA represents the following:

## **Our Commitment to You**

PCA is committed to providing a unique Early Childhood Education experience for each and every child, using a Christian-based curriculum. Our mission is to capture the “whole child” approach of teaching, by looking at each individual child’s: physical, intellectual, language, emotional and social experiences, then using this information to build a strong educational foundation.

## **Mission Statement**

We believe God has a plan for all of us and it is our job to create an educational program that offers Real Hope, Real Values, Real Future for the children in our community. We believe teaching Christian values in a stimulating, exciting, and nurturing atmosphere will help children understand how they can make a difference in our world.

## **Programs**

**PCA offers 2 Preschool/Pre-K Programs:**

*Ages 3– 5 years old*

*(All students must be completely potty trained)*

**Morning and Afternoon Sessions- 8:30 – 11:30am; 12-3pm**

The curriculum offered in these sessions is called, “A BEKA Book- *Excellence in Education from a Christian perspective.*” We will be using the K4 Christian School curriculum: Readiness Skills, Bible Activity Book, ABC-123, Writing and Phonics, and This program will help each student prepare for Kindergarten!

## **Parent Involvement**

We will have several events throughout the year for parents, families, and friends to get plugged in and stay connected! Some of our events include: Parent’s Night Out, Field Trips, Holiday Events, Thanksgiving Feast, Christmas Program, and Volunteering in the classroom.

If you are interested in volunteering we require a cleared background check, forms are located on the PCA website, your child’s classroom or the Office.

If you would like to volunteer in your child’s classroom, please contact your child’s teacher. Please keep in mind if you have younger children, due to classroom size maximum capacity, we will be unable to accommodate them during your scheduled volunteer time.

If you would like to volunteer on class field trips younger children will be allowed to attend as long as the place we are going to doesn’t have age or maximum capacity restrictions.

## **Statement of Faith**

- Paramount Christian Church and Academy is a nondenominational fellowship of believers who have no creed but Christ, no book but the Bible, and wear no name but Christian.
- We believe that Christ is the head of His Church and therefore every Christian is a part of that body.
- We do not believe that we are the only Christians, but earnestly strive to be Christians only.
- We seek to speak where the Bible speaks and remain silent where the Bible is silent.
- We take the Bible and the Bible alone as our only rule of faith and practice. Because the original Church that we read about in the Bible was a church where salvation made you a member, so PCC/PCA follows that pattern.
- We refuse to impose upon people more than the Word of God asks to be a Christian or to require less than the Word states. Therefore, membership here requires that one believe in Jesus Christ as God’s son and be obedient in Christian Baptism, which scripturally is burial of a penitent believer by immersion in water.



Office Use Only

Class: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

Disenrollment Date: \_\_\_\_\_

## Paramount Christian Academy

### Preschool and Pre-Kindergarten 2018-2019 School Year Enrollment Form

3816 College Street SE, Lacey, WA 98503 (360) 878-8915 [www.paramountchristianacademy.org](http://www.paramountchristianacademy.org)

#### Student Information Male Female

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
First Middle Last (Preferred Name)

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street City Zip Code

#### Parent/Guardian Information

Mother/Guardian Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
First Last

Home Address: (  same ) \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street City Zip Code

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Email Address: \_\_\_\_\_  
First Last

Home Address: (  same ) \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street City Zip Code

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

#### Program Preference

##### Preschool/Pre-Kindergarten

- M-F Morning Session       M-F Afternoon Session       M, W, F Morning Session  
 M, W, F Afternoon Session       T, Th Morning Session       T, Th Afternoon Session

Ethnic Origin:  African American (not of Hispanic Origin)  Caucasian  Hispanic  Asian/Pacific Islander/Hawaiian

African American  American Indian/Alaskan Native  Other Primary Language: \_\_\_\_\_

## Emergency Contact Information and Authorized to Pick up Student

**Contact #1:** \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_ Home/Cell#: \_\_\_\_\_

**Contact #2:** \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_ Home/Cell#: \_\_\_\_\_

**Contact #3:** \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_ Home/Cell#: \_\_\_\_\_

**Church Attending:** \_\_\_\_\_ **Pastor:** \_\_\_\_\_

Not currently attending a church

Looking for a church home

**Behavioral Awareness:** \_\_\_\_\_

What method(s) do you find most effective when addressing positive and negative behaviors with your child?

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Additional specific needs we should know about your child and how should we best meet these needs?

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## Tuition and Fees

The person(s) listed below is responsible for the payment of tuition and fees.  
Account and billing information will **ONLY** be discussed with the individuals listed below.

Name	Relationship	Address	Phone#

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Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Date of last Physical Exam: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group/Policy#: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Date of last Dental Exam: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Allergies:**    Food       Asthma       Diabetes       Epilepsy/Seizure Disorder       Epi-pen  
 Heart Condition       Insect       Vision       Hearing       ADD/ADHD       Other

Explanation: \_\_\_\_\_

Health History (known health conditions): \_\_\_\_\_

**\*\*A CURRENT UPDATED IMMUNIZATION RECORD MUST BE ATTACHED TO THIS ENROLLMENT PACKET\*\***

### Medication Policy:

PCA stores all medication in a locked cabinet, in the kitchen, inaccessible to students. If medication requires refrigeration, it will be stored in a locked container inaccessible to students. All medication to be administered by a PCA employee, whether over the counter or physician prescribed, **MUST** be in its original container with the dosage and directions clearly defined. All PCA employees are trained on administering medication and documented on the **PCA Medication Log**. Before medication can be administered a **Medication Authorization, Policies and Procedures Form** must be completed, including a Physicians written permission and instructions are required for any life-threatening situations and when medication is given using a device (i.e. epipen, inhaler, etc). Should any medication expire while located on PCA premises, it will be disposed of appropriately. Medication forms are available in the classrooms, as well as, the office.

By signing below I hereby give PCA written permission to administer medication to my child. If medical attention is required by a doctor, 911 or a hospital, I understand PCA will not be responsible for **ANY** expenses that may occur in such an incident and I give permission for immediate treatment (including transportation) to be conducted in the event the situation requires it, for the health and safety of my child.

Parent Print Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Non-Discrimination Policy:

Paramount Christian Academy does not discriminate in the enrollment of students based on race, color, religion, gender, national origin, disabilities or political beliefs, or ADA, as rendered by the state and federal laws. Enrollment of students will be on a first come, first served basis.

## Tuition and Fees:

- An annual non-refundable application fee of **\$125.00** is due upon enrolling my child.
- **Tuition is due on the 25<sup>th</sup> of the month prior** to have my child attend PCA (should I opt to pay the 10 month tuition payment plan-**the last payment is due on May 25<sup>th</sup> 2019 with NO GRACE PERIOD**). grace period will be granted to the 1<sup>st</sup> day of the current month (excluding May's payment). If I pay after the 1<sup>st</sup> a **\$25.00** late payment fee will be assessed to my account and my child will be dis-enrolled from their program until my balance has been paid in full.
- I realize my contract with PCA is for the entire 2018-2019 school year. I will still be responsible for paying the entire month's tuition when my child is vacation.
- I understand I will not receive a credit, reimbursement or refund from the school should my child be absent on a scheduled attendance day, should I leave a PCA program without notice, the school closing due to inclement weather, power outages, or any other unforeseen circumstance.
- If a check is returned to PCA for non-sufficient funds a **\$25.00** return check fee will be added to my account.
- A late fee of \$1.00 per minute will be charged to my account if I pick up after my enrolled session time has ended at 11:30 am or 3:00 pm.
- I give permission for my child to attend field trips off the premises of PCA (including transportation) and will pay an additional fee if necessary.

## Parent Agreement:

- I give PCA permission to video tape or take photographs of my child during special events, parties, field trips, etc. I understand these images may be used for marketing and publicity purposes in promoting Paramount Christian Academy within the community, without compensation.
- All PCA employees have my permission to administer CPR/First Aid to my child if necessary.
- My child can be transported by PCA on field trips or in emergency situations.
- I will participate when possible in PCA special events, i.e., Parent's Night Out, Christmas Program, Field Trips, Program Orientation Nights, etc.
- I understand Parent Involvement is an essential part of my child's growth and development. When possible I will volunteer in my child's classroom and agree to fill out a Volunteer Background Form.
- I will not leave my child on the premises of PCA without a PCA teacher present and acknowledgement of my child's presence.
- I acknowledge PCA employees are **Mandated Reporters**, per Washington State Laws, of child abuse and neglect.
- I am responsible for covering the cost of deliberate damages caused by my child to PCA property or employees.
- PCA has the right to dis-enroll my child at any time, for any reason, without any notice and I will not be compensated.
- PCA has an open door policy where parents are able to check in on their child at any time.
- A two week written notice is required for terminating services with PCA.
- I will provide an extra set of clothes for my child in case something happens and they need to change.
- I give permission for my child to use sunscreen, hand sanitizer, or hand wipes with alcohol.

**Parent Agreement Continued:**

- I understand that all precautions will be taken to avoid an injury or accident at all times for my child. In the event an injury or accident does occur, I hereby release PCA from all liability including any injury, loss or damage that may transpire on or off campus. At no time will PCA or PCA Employees be held responsible for legal expenses, attorney's fees, or medical claims my child may occur during PCA operating hours or hosted events. I have read and am voluntarily signing this authorization and release of **Waiver of Liability**.
- I understand outside toys are not permitted unless I am specifically directed to do so by my child's teacher. Should any toys be brought on PCA property and are lost or damaged I will not hold PCA responsible.
- If my child becomes ill at PCA I will be notified immediately and have one hour to make arrangements for my child to be picked up. **I will keep my child home if they have any of the following symptoms: Fever above 100.5 degrees Fahrenheit, pink eye (conjunctivitis), skin rash, diarrhea, vomiting, lice (nit free), runny noses (with green or yellow discharge), and flu like symptoms.** I understand my child may return to PCA after they have been symptom free for over 24 hours. In addition, there may be specific situations where a doctor's note may be required.
- I give permission for a visiting Health Professional to provide services to my child at PCA if needed.
- I have reviewed PCA's evacuation plan, disaster plan, and health care plan.
- Weather permitting; my child will go outside at least once a day.
- **PCA will be CLOSED** to observe the following holidays: New Year's Eve & Day, Martin Luther King Jr. Day, Presidents Day and the Day After, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving the day Before and the Day After, and Christmas Eve & Day. Should a holiday fall on a Saturday the holiday will be observed on a Friday; should a holiday fall on a Sunday the holiday will be observed on a Monday.
- **PCA will be CLOSED for Christmas Break Dec. 17<sup>th</sup> - 2017-Jan 1<sup>st</sup> 2019.**
- **PCA will be CLOSED for Spring Break April 1<sup>st</sup> - 5<sup>th</sup> 2019.**
- I understand PCA will do everything possible to stay open on its regular scheduled dates and times. In the event of a closure due to inclement weather, natural/national disasters, or major building issues, I will not be reimbursed for days missed.
- This contract is good for the 2018-2019 school year.  
Preschool/Pre-Kindergarten school year- September 5, 2018- **June 7, 2019.**

By signing below I agree to the terms and conditions listed in the Paramount Christian Academy Enrollment Packet. I have read this packet in its entirety, including the Tuition and Fees, Medical Policy and Parent Agreement sections.

Parent/Guardian #1 \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Full Legal Name)

Parent/Guardian #1 \_\_\_\_\_  
(Full Legal Signature)

Parent/Guardian #2 \_\_\_\_\_ Date: \_\_\_\_\_  
(Print Full Legal Name)

Parent/Guardian #2 \_\_\_\_\_  
(Full Legal Signature)

Principal Signature \_\_\_\_\_ Date: \_\_\_\_\_  
(Full Legal Signature)