

Preschool/Pre-K:

3 - 5 years old

Child must be completely potty trained and three by August 31st



Office Use Only

Teacher: _____

Enrollment Date: _____

Dis-enrollment Date: _____

**Paramount Christian Academy
2019-2020 School Year**

Private Preschool/Pre-K Application Form

3816 College Street SE, Lacey, WA 98503 (360) 878-8915 www.paramountchristianacademy.org

Student Information

Child's Name: _____ Male Female Date of Birth: _____

First Middle Last

Home Address: _____ Phone #: _____

Street City Zip Code

Parent/Guardian/Emergency Contact Information

Mother's Name: _____ Email Address: _____ Cell Phone: _____

First Last

Home Address _____ Alt. Phone #: _____

Street City Zip Code

Employer: _____ Business Phone: _____

Father's Name: _____ Email Address: _____ Cell Phone: _____

First Last

Home Address _____ Alt. Phone #: _____

Street City Zip Code

Employer: _____ Business Phone#: _____

Emergency Contact #1: _____ Relationship to child: _____ Home Phone: _____ Cell Phone: _____

Emergency Contact #2: _____ Relationship to child: _____ Home Phone: _____ Cell Phone: _____

Emergency Contact #3: _____ Relationship to child: _____ Home Phone: _____ Cell Phone: _____

Program Preference: **Preschool** **Pre-Kindergarten**

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

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

PCA Payment Options:

- *Cash
- *Check
- *PayPal
- *Credit/Debit Cards



**Paramount Christian Academy
2019-2020 School Year Contract
Preschool/Pre-K Application Form**

PCA Annual Non-Refundable Application Fee:

\$125.00 per student

Parent Initials: _____

\$225.00 per family (students enrolled in PS & or PK programs ONLY)

Parent Initials: _____

Preschool/Pre-K Tuition Rates (3 - 5 years old) (5% discount if paid in FULL by Sept 30th)

M - F Mornings	8:30am - 11:30am:	\$3,250.00 (per year)	\$325.00 per month (10 month payment plan)	Parent Initials: _____
M - F Afternoons	12:00pm - 3:00pm:	\$3,250.00 (per year)	\$325.00 per month (10 month payment plan)	Parent Initials: _____
M, W, F Mornings	8:30am - 11:30am:	\$2,000.00 (per year)	\$200.00 per month (10 month payment plan)	Parent Initials: _____
M, W, F Afternoons	12:00pm - 3:00pm:	\$2,000.00 (per year)	\$200.00 per month (10 month payment plan)	Parent Initials: _____
Tu, Th Mornings	8:30am - 11:30am:	\$1,400.00 (per year)	\$140.00 per month (10 month payment plan)	Parent Initials: _____
Tu, Th Afternoons	12:00pm - 3:00pm:	\$1,400.00 (per year)	\$140.00 per month (10 month payment plan)	Parent Initials: _____

By signing this contract, I agree to the terms and conditions listed below when enrolling my child in the Preschool/Pre-Kindergarten Program at Paramount Christian Academy (PCA).

* I understand this contract is for the ENTIRE school year and not month to month. I understand if my child doesn't complete the school year I am still responsible for paying the FULL YEAR's tuition. (If your family has PCS orders; a copy will need to be provided. A meeting with the Principal will be schedule to discuss financial fees).

*IF I opt for the 10 month payment plan, tuition is due on the 25th of the month prior to my child attending PCA (which payments will be made from August 2019 - June 2020). A grace period will be granted to the 1st day of the current month. If I pay after the 1st a \$ 25.00 late payment fee will be assessed to my account.

* I understand I will not receive a credit or reimbursement from the school should my child be absent on a scheduled attendance day, the school closed due to inclement weather, power outages or any other unforeseen circumstance, or should I leave the PCA program.

* I give my child permission to be a part of all PCA school activities and will NOT hold the school responsible for any accidents or injuries that may occur at the school or on its property.

* I acknowledge PCA will take pictures and videos of my child. I give permission for any photos/videos of my child to be used for marketing promotions without compensation. (Written notification is required should you NOT want your child in photos/videos).

Parent(s) Signature: _____

Date: _____

Principal's Signature: _____

Date: _____