

**Paramount Christian Academy**  
**K-8<sup>th</sup> Grade Enrollment Packet**  
**2019-2020 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 2019-2020 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, and a Real Future for the children in our community. 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 Kindergarten-Eighth Grade**

A Beka Curriculum: Math, Reading/Phonics, Science, Social Studies, Art & Music

Handwriting Without Tears (K only): Uppercase Letters, Lowercase Letters, Numbers, Sentence Structure, Mat Man, Roll A Dough

Physical Education: Healthy- Bodies, Emotions, Minds, Self Awareness, and Body Image

Smartboard: A fully interactive white board, Engaging, Easy to Use, and Access to Different Types of Media

Spanish Champs: Alphabet, Numbers, Action Verbs, Commands, Adjectives, Manners, Animals, Food, Clothes and Colors

Starfall: Phonics, Basic Reading, Math Skills and Interactive Games

Time To Sign: Letters, Numbers, Animals, Characters, Basic Phrases, Expressions

## **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 (check with your child’s teacher for specific information regarding time spent volunteering in the classroom).

## **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.

- Kindergarten
- First Grade
- Second Grade
- Third Grade
- Fourth Grade
- Fifth Grade
- Sixth Grade
- Seventh Grade
- Eighth Grade

**Office Use Only**

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

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

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

**Paramount Christian Academy**  
**2019-2020 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:** \_\_\_\_\_

- M-F (8:30am-3:00pm)
- M-F Morning Extended care only (5:30am-8:30am)
- M-F Afternoon Extended care only (3:00pm-6:30pm)
- M-F Morning and Afternoon Extended Care (5:30am-8:30am & 3:00pm-6:30pm)

## Emergency Contact Information and/or 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?

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

## 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#

\_\_\_\_\_  
Name Relationship Address Phone#

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:

PCCA 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 PCCA employee, whether over the counter or physician prescribed, **MUST** be in its original container with the dosage and directions clearly defined. All PCCA 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). Any medication expired while located on PCCA premises; will be returned to a parent or disposed of appropriately. Medication forms are available in the classrooms, as well as, the office.

By signing below I hereby give PCCA written permission to administer medication to my child. If medical attention is required by a doctor, 911 or a hospital, I understand PCCA 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 **\$200.00** 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 first payment due Aug 25<sup>th</sup> 2019 and last payment due on May 26<sup>th</sup> 2020 with NO GRACE PERIOD). A grace period will be granted to the 1<sup>st</sup> day of the current month. 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 PCCA is for the entire 2019-2020 school year. I will still be responsible for paying the entire month's tuition when my child is on 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 PCCA program without notice, the school closing due to inclement weather, power outages or any other unforeseen circumstance.
- If a check is returned to PCCA 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 3:00 pm.
- I give permission for my child to attend field trips off the premises of PCCA (including transportation) and will pay an additional fee if necessary.

## Parent Agreement:

- I give PCCA 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 PCCA employees have my permission to administer CPR/First Aid/Epi Pen to my child if necessary.
- My child can be transported by PCCA on field trips or in emergency situations.
- I will participate when possible in PCCA 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 arrange with my child's teacher a time to volunteer in their classroom and agree to fill out a Volunteer Background Form.
- I will not leave my child on the premises of PCCA without a PCCA teacher present and acknowledgement of my child's presence.
- I acknowledge PCCA 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 PCCA property or employees.
- PCCA has the right to dis-enroll my child at any time, for any reason, without any notice and I will not be compensated.
- A two week written notice is required for terminating services with PCCA and I will still be responsible for the remainder of my child's school year tuition (exception- PCS orders).
- I will provide an extra set of clothes for my child.
- 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 PCCA from all liability including any injury, loss or damage that may transpire on or off campus. At no time will PCCA or PCCA Employees be held responsible for legal expenses, attorney's fees, or medical claims my child may occur during PCCA 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 PCCA property and are lost or damaged I will not hold PCCA responsible.
- If my child becomes ill at PCCA 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 PCCA 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 PCCA if needed.
- I have reviewed PCCA'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, March 24<sup>th</sup> for teacher training, 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. 23<sup>rd</sup> 2019 - Jan 3<sup>rd</sup> 2020.**
- **PCA will be CLOSED for Spring Break April 6<sup>th</sup> - 10<sup>th</sup> 2020.**
- 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 2019-2020 school year.  
Kindergarten-Eighth Grade- school year- September 4, 2019- **June 12, 2020.**

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)