



Office Use Only

Teacher: \_\_\_\_\_

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

Dis- enrollment Date: \_\_\_\_\_

Grades Served:  
K (all day) - 5<sup>th</sup>

School Child Attends:

Mt. View

Horizon

**Paramount Christian Academy**  
**2019-2020 School Year**  
**Before/After School Program 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: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street City Zip Code

**Parent/Guardian/Emergency Contact Information**

**Mother's Name:** \_\_\_\_\_ Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
First Last

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

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Street City Zip Code

**Father's Name:** \_\_\_\_\_ Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
First Last

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

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
Street City Zip Code

**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:**

- M-F Before Only
- M-F After Only
- M-F Before & After
- 3 day Before & After Option
- Early Release
- Drop-in Before School
- Drop-in After School
- No School Day



Paramount Christian Academy  
2019-2020 School Year Contract

Before and After School Program Application Form

**PCA Payment Options:**

- \*Cash
- \*Check
- \*PayPal (credit/debit cards/direct debit from checking or savings)

**PCA Annual Non-Refundable Application Fee:**

- \$100.00 per student
- \$175.00 per family

Parent Initials: \_\_\_\_\_

Parent Initials: \_\_\_\_\_

**Before/After School Program Tuition Rates (Grades K- Full Day-5<sup>th</sup>)**

Monday - Friday Before & After	5:30am - 6:30pm	\$450.00 per month	Parent Initials: _____
Monday - Friday Before Only	5:30am - school starts	\$285.00 per month	Parent Initials: _____
Monday - Friday After Only	school out - 6:30pm	\$330.00 per month	Parent Initials: _____
3 Day Option Before & After	5:30am - 6:30pm	\$350.00 per month	Parent Initials: _____

**\*Registered Students (who attend monthly care):**

Early Release Day Additional Fee	11:00am - 3:15pm	\$15.00 per day	Parent Initials: _____
No School Day Additional Fee	5:30am - 6:30pm	\$30.00 per day	Parent Initials: _____
Drop-in Daily Rate for Before School Only:	5:30am - school starts	\$20.00 per day	Parent Initials: _____
Drop-in Daily Rate for After School only:	school out - 6:30pm	\$20.00 per day	Parent Initials: _____

**By signing this contract, I agree to the terms and conditions listed below when enrolling my child in the Before/After School Program at Paramount Christian Academy (PCA).**

\* Tuition is due on the 25th of the month prior to my child attending PCA. 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, should I leave a PCA program without notice, the school closing due to inclement weather, power outages or any other unforeseen circumstance.

\* 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 Signature: \_\_\_\_\_

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

Principal's Signature: \_\_\_\_\_

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