



Office Use Only

Teacher: _____

Enrollment Date: _____

Dis- enrollment Date: _____

Grades Served:
K (all day) - 5th

School Child Attends:

- Mt. View
- Horizon

Paramount Christian Academy
2020-2021 School Year

PUBLIC SCHOOL ONLY

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 _____ Alt. 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 _____ Alt. Phone: _____
Street City Zip Code

Employer: _____ Business Phone: _____

Employer's Address: _____
Street City Zip Code

Emergency Contact #1: _____ Relationship to child: _____ Cell Phone: _____ Alt. Phone: _____

Emergency Contact #2: _____ Relationship to child: _____ Cell Phone: _____ Alt. Phone: _____

Emergency Contact #3: _____ Relationship to child: _____ Cell Phone: _____ Alt. 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



PCA Payment Options:

- * Brightwheel
- * Cash
- * Check

**Paramount Christian Academy
2020-2021 School Year Contract**

PUBLIC SCHOOL ONLY

Before and After School Program Application Form

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-5th)

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 added 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: _____