

ENTRANCE REQUIREMENTS

Early Childhood

- Age appropriate
 - 1, 2 & 3-year-old classes: 1, 2, or 3 years old by September 1st
- 3-year-olds must be potty-trained
- 1-year-olds must be walking
- Positive pastoral family recommendation.

Pre-K & Kindergarten

- Age appropriate
 - Pre-K class: 4 years old by September 1st
 - Kindergarten class: 5 years old by September 1st
- Potty-trained
- At least one parent is a Believer. Christian church membership and attendance by the family is required.
- Positive pastoral family recommendation.

Grades 1 – 5

Academic:

- Passing grades in all subjects in an unmodified program for 2 consecutive semesters prior to application.
- Work and study habits, if indicated on report card, indicate positive performance.
- National Achievement test scores are a minimum of a 5 stanine in math, reading, and English.

Behavioral:

- No behavioral issues from previous school (i.e. suspension, expulsion, or placement in an alternative school) for a full 2 semesters prior to application.
- Behavior/conduct marks on report card reflect positive achievement.
- Positive teacher recommendation.

Spiritual:

- At least one parent is a Believer. Christian church membership and attendance by the family is required.
- Positive pastoral family recommendation.

Grades 6 – 12

Academic:

- Passing grades in all subjects in an unmodified program for 2 consecutive semesters prior to application.
- National Achievement test scores are a minimum of the 60th percentile in math, reading, and English.

Behavioral:

- No behavioral issues from previous school (i.e. suspension, expulsion, or placement in an alternative school) for a full 2 semesters prior to application.
- Parent can attest to student being drug-free for 1 year prior to application.
- Positive teacher recommendations.

Spiritual:

- Student and at least one parent are Believers. Christian church membership and attendance by the family is required.
- Positive pastoral family and student recommendations.

COVENANTAL STATEMENT

Our Mission: To work in partnership with parents to provide a Christian education, which prepares students for college and allows them to be lifelong learners who fulfill God's call in all aspects of their lives.

The Board of Trustees and Administration realize the importance of the personal profession and practice of Biblical Christian faith among those who make up the school family.

Pantego Christian Academy is a Covenantal School. On a practical level, that means our Board of Trustees has adopted the policy that at least one parent of each student must be a confessing believer in Jesus Christ as our Lord and Savior in order for their child to be enrolled at PCA. However, that PCA is a Covenantal School has many implications beyond that very basic statement. Chief among them is the understanding that the Bible establishes Christian education as a unique and necessary responsibility of Christian parents and not that of any church or school. The Bible clearly instructs parents to bring children up in the discipline and instruction of the Lord (Ephesians 6:4).

As a result, when parents send their children to school, they only delegate a portion of their Biblical responsibility for their child's education. Therefore, a parents' selection of who will teach their child should be more than a concern with academics since schools also teach values and lifestyles. A partnership between PCA and the family implies some degree of consistency among what is taught at PCA, what is taught in the family's church, and what is practiced at home. Consistency (shared standards, beliefs and practices) among the family, the church and the school is an empowering factor in the life of a child. Therefore, it is critical that PCA families have regular Christian fellowship outside of school activities for support, encouragement and spiritual maturity. At PCA, we desire to teach and discipline in a manner that is consistent with the Bible, the church and a Godly home environment. This goal is only fulfilled through supporting parents who are already dedicated to similar goals in their home. This is the most important implication of PCA being a Covenantal School – a consistency in teaching and discipline with the family and church.

As believing parents of a student of PCA, we understand and acknowledge that PCA is a Covenantal School and the implications of that statement. As parent(s) or guardian(s) of the student(s) listed below, we agree with this Covenantal Statement and agree to provide the aforementioned Biblically based consistency for our child(ren) along with regular Christian fellowship outside of PCA.

Signature of Father/Guardian

Signature of Mother/Guardian

Name(s) of Student(s) (PLEASE PRINT)

STEPS TO REGISTRATION – New Students

2011-2012

Step 1: Turn in the following documents and fees to the Registrar's Office:

- **Application fee** - \$100 (*non-refundable*)
- **Testing fee** - \$75 (*If applicable*)
- **New Student Application form**
- **Medical History form**
- **Immunization records** – with complete dates, validated with doctor's signature or clinic stamp
- **Birth Certificate** – certified copy (*Hospital certificates are not acceptable.*)
- **Covenantal Statement form**
- **Report Cards** - prior year and current year, a complete transcript of credits (high school students)
- **National standardized test scores** – most recent available
- **Teacher Recommendation form**
One for elementary applicants from their current homeroom or English teacher
Two for 6th – 12th grade applicants from their current math & English teachers
Forms should be mailed or faxed directly to PCA from the person completing form.
- **Principal/Counselor Recommendation form** - from the school Principal, Assistant Principal, or Counselor. Form should be mailed or faxed directly to PCA from the person completing form.
- **Pastoral Family Recommendation form** - required for ALL families.
Form should be mailed or faxed directly to PCA from the person completing form.
- **Pastoral Student Recommendation form (Grades 6 - 12 only)**
Form should be mailed or faxed directly to PCA from the person completing form.

Step 2: After all step #1 forms and fees are received by the Registrar the Admissions Committee will review the information and will notify you to confirm or deny the continuance of the registration process. **If the decision is made to continue the process** an appointment will be scheduled with the appropriate Principal to determine acceptance.

Step 3: Upon acceptance of your student at PCA, your non-refundable **Registration Fee** is due. **Students are not considered enrolled until the non-refundable Registration Fee is paid, the Contract of Enrollment is signed and the FACTS tuition account is set up.**

NEW STUDENT APPLICATION

2011-2012

Pantego Christian Academy
 2201 West Park Row Drive ■ Arlington, TX 76013
 2351 Country Club Drive ■ Mansfield, TX 76063
 (817) 460-3315

Office use only

| | | |
|----------------|---------------------|-----------------|
| App fee | Med Hist Immuniz | Emerg Med |
| Testing fee | RepCard Test Scores | Photo Rel |
| Cov Stmt | Birth certificate | Recs |
| Transcript ord | | Transcript recd |

Student Information

| | | |
|--|---|---------------------|
| Legal name (first, middle, last): | | Grade applying for: |
| Nickname: | Birthdate: | Social Security #: |
| Home address: | City | Zip |
| Home phone: | | |
| Race (circle one): | American Indian Asian Black Hispanic White Other | Gender: M F |
| Phone number to use in school directory: | | |

Student Church Information

| | | | |
|---------------------------|--|--|--|
| Name of church attending: | | Church address: | |
| Church phone #: | Professes Christ as Savior: Yes No | Attends? How often? (Circle all that apply) | Church Sunday school regularly occasionally |
| Name of Senior Pastor: | Denomination: | Name of Children's or Youth Pastor: | |

Primary Custodial Parent Information

| | | |
|---|-----------------------------|-----------------|
| Head of Household (circle one): Mr. Mrs. Ms. Dr. Rev. | Name (first, middle, last): | Preferred name: |
| Relationship to Student (circle one): Parent Step-parent Grandparent Guardian | Gender: M F | Birthdate: |
| Marital status (circle one): Married Separated Divorced Widowed Single | Highest grade completed: | |
| Name of company employed by/own: | Position: | Work phone #: |
| Church groups involved with: | E-mail address: | Cell phone #: |

Spouse of Primary Custodial Parent Information

| | | |
|---|-------------------|--------------------------|
| Name (first, middle, last): | Preferred name: | Birthdate: |
| Relationship to Student (circle one): Parent Step-parent Grandparent Guardian | Gender: M F | Highest grade completed: |
| Name of company employed by/own: | Position: | Work phone #: |
| Church groups involved with: | E-mail address: | Cell phone # |

Primary Custodial Parent Church Information

| | | |
|---------------------------------------|--|--|
| Name of church attending: | How long? | Name of Senior Pastor: |
| Church address: | Phone #: | |
| Professes Christ as Savior: Y N | Attends? How often? (Circle all that apply) | Church Sunday school regularly occasionally |

Secondary Custodial Parent Information (parent with joint custody)

| | | | |
|--|------------------------------------|---------------|-----------------|
| (circle one): Mr. Mrs. Ms. Dr. Rev. | Name (first, middle, last): | | |
| Home Address: | | Home phone #: | |
| City: | State: | Zip: | Cell phone #: |
| Receive school mail outs? Yes No | Receive report card: Yes No | | E-mail address: |
| Emergency Contact? Yes No | Can pick up from school? Yes No | | |
| Name of company employed by/own: | Position: | Work phone #: | |

Siblings of Applicant

| Name | Age | Grade | School Attending |
|------|-----|-------|------------------|
| | | | |
| | | | |
| | | | |

Previous School(s) Attended (Please begin with most recent.)

| School | Address | Phone # | Grade(s) | # of years |
|--------|---------|---------|----------|------------|
| | | | | |
| | | | | |
| | | | | |

Testing, Counseling, and Conduct Record

1. Has the Applicant received testing or counseling by a psychologist, psychiatrist, or family counselor or been diagnosed as having a learning difference? No___ Yes*___
**If yes, please provide copies of test results or consultation reports. A student may not be interviewed until this information is available and reviewed.*
2. Has the Applicant ever had any on-campus or off-campus suspensions from school? No___ Yes___
3. Has the Applicant ever been expelled from school? No___ Yes___
4. Has the Applicant ever had an encounter with law enforcement or juvenile authorities? No___ Yes___
5. Has the Applicant ever been assigned time in an Alternative School? No___ Yes___

Please explain any "Yes" answers to the above questions on a separate sheet of paper.

Statement of Parents(s)/Guardian(s)

In signing this application, I/we understand that:

- My/our child will go on scheduled field trips and other activities;
- The school is authorized to employ such discipline as it deems wise and expedient for my/our child, excluding corporal punishment;
- I/we hereby affirm that to the best of my/our knowledge, this Applicant has been drug/alcohol-free for 12 months prior to application.

Father/Guardian

Mother/Guardian

Please note: The signatures of all custodial parents/guardians are required for completion of this application.

MEDICAL HISTORY – New Students

2011-2012

Student Information (PLEASE PRINT)

| |
|---|
| Student's name: _____ (_____) <i>Full legal name</i> <i>nickname</i> |
| Birthdate: _____ Grade entering _____ Gender (circle one): Male Female |
| Child's physician: _____ Phone: _____ |
| Physician's address: _____ |

Emergency Contacts (local numbers only)

Adults (other than parent/guardian) to whom the student may be released:

| | | | |
|-------------|-------------------|-------------------|-------------------|
| _____ | _____ | _____ | _____ |
| <i>Name</i> | <i>Home phone</i> | <i>Work phone</i> | <i>Cell phone</i> |
| _____ | _____ | _____ | _____ |
| <i>Name</i> | <i>Home phone</i> | <i>Work phone</i> | <i>Cell phone</i> |
| _____ | _____ | _____ | _____ |
| <i>Name</i> | <i>Home phone</i> | <i>Work phone</i> | <i>Cell phone</i> |

Allergies (Please specify what the child is allergic to, symptoms, and treatment.)

| |
|--------------------|
| Medications: _____ |
| Foods: _____ |
| Other: _____ |

Tylenol/Benadryl

My child may have the following medications as needed, administered by school personnel during school hours (CIRCLE ONE EACH):

Tylenol: Yes No
Benadryl: Yes No

(Note: Benadryl will be administered for allergic reactions only; it will NOT be given as treatment of colds or stuffy noses.)

Respiratory Problems (Please explain current treatments/medications)

| | |
|---|--------------------------------|
| Asthma: _____ | Reactive Airway Disease: _____ |
| Other: _____ | |
| Will your child be carrying an inhaler? Yes No | |
| (If Yes, a signed Physician's Request for Self-administration of Medication <u>by Student</u> MUST be on file.) | |
| Will an inhaler be available in the First Aid Station or Secondary School reception counter? Yes No | |

(OVER)

Medical History

Check any of the following conditions your child has or has had and explain in detail below any current or long-term **TREATMENTS/MEDICATIONS /EDUCATIONAL ADJUSTMENTS**:

- | | | |
|---|--|--|
| <input type="checkbox"/> Blood disorder (anemia, etc.) | <input type="checkbox"/> Ear problem (deafness, mastoiditis, etc.) | <input type="checkbox"/> Endocrine disorder (diabetes, hypoglycemia, etc.) |
| <input type="checkbox"/> Emotional problems (depression, anxiety, etc.) | <input type="checkbox"/> Liver disorder | <input type="checkbox"/> Surgeries |
| <input type="checkbox"/> Seizure disorder (epilepsy, etc.) | <input type="checkbox"/> Kidney stones or disease | <input type="checkbox"/> HIV or AIDS |
| <input type="checkbox"/> Learning difference (ADD, etc.) | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Heart problems |
| | <input type="checkbox"/> Frequent infections | <input type="checkbox"/> Rheumatic fever |
| | <input type="checkbox"/> Migraines | <input type="checkbox"/> Vertigo/fainting spells |
| | | <input type="checkbox"/> Sinus problems |

EXPLANATION: _____

(If additional space is needed, please attach a separate sheet to this form.)

Any limitations/activities your child should not engage in? Please explain: _____

Any long-term medications to be administered at school? Yes No
 (If Yes, a signed Physician's Request for Administration of Medication by School Personnel **MUST** be on file.)

List **all** long-term medications your child currently takes, with dosage amounts and medical conditions involved: _____

Any social or family situations/problems of which the school should be aware? _____

I hereby certify that to the best of my knowledge, the information supplied herein concerning my child's physical and emotional health is accurate and complete, and I agree to keep PCA apprised of any changes to this information that may occur during the course of this school year.

SIGNATURE _____
 Parent or Legal Guardian

DATE _____

* Please attach a **complete and validated** immunization record. *

All submitted immunization documents **MUST** show the **complete** day, month, and year each immunization was received. It must also be validated with a signature or stamp by or for a physician or a public health professional.

PHOTO RELEASE

PCA occasionally submits photographs for publication in local newspapers and on our website which show our students participating in classroom and service activities. Additionally, we use photographs and quotations in promotional materials for the school.

Student's name: _____ **Grade entering:** _____

____ Pantego Christian Academy has my permission to use my child's photos and/or comments in promotional materials and general publicity.

Parent/Guardian signature: _____

Date: _____

OR

____ I **do not** give my permission to use my child's photos.

Parent/Guardian signature: _____

Date: _____

PRINCIPAL/COUNSELOR RECOMMENDATION 2011-2012

Pantego Christian Academy

2201 West Park Row Drive ■ Arlington, TX 76013

P.O. Box 360 ■ Mansfield, TX 76063

(817) 460-3315, Ext.1204 Fax: (817) 459-4687

The student named below is applying to Pantego Christian Academy. Please help us become better acquainted with him/her by completing this form and returning it directly to the school. The information you provide will not become part of the student's permanent file. These forms should be mailed or faxed directly back to PCA.

Parent's Statement

I, the undersigned, understand that this is a confidential evaluation. My signature herein recognizes that fact and authorizes the person named below to candidly evaluate my child, with the assurance that I will not see this evaluation form upon its completion.

Parent's Signature

Date

Student _____

Current grade _____ Date _____

- How long have you known the applicant, and in which capacity?

- Is this student in good standing with your school academically? If not please explain.

- Is this student in good standing with your school behaviorally? If not please explain.

- Has the student ever been suspended, expelled, or sent to an alternative school? If yes, please elaborate.

- Is this student eligible for re enrollment in your school?

- Has the applicant been recognized for outstanding academic, athletic, or artistic performance? If yes please elaborate.

- To your knowledge, does the applicant have any history of juvenile delinquency or involvement with drugs or alcohol? If yes please explain.

(OVER)

Please indicate your rating by placing the appropriate number in the right hand column. Use a question mark where you have insufficient evidence.

| Rating | 5 | 4 | 3 | 2 | 1 | # |
|--|---|---|-------------------------------|--------------------------------------|--|---|
| Integrity | Exceptionally upright | Noticeably upright | Upright, no cause to question | Weak or questionable | Record of dishonesty | |
| Conduct | Outstanding in every respect | Generally excellent | Good or acceptable | Marginal | Poor | |
| Leadership | Outstanding, top positions | Commendable, top or next to top positions | Capable, minor positions | No sign of leadership or involvement | Record of irresponsibility | |
| Respect for Authority | Works very well with those in authority | Works well with those in authority | Respects authority | Periodic rebelliousness to authority | Often unsupportive, critical of school | |
| Parental Support | Exceptional | Quite good | Average | Sometimes unsupportive | Often unsupportive, critical of school | |
| Participation in Non-Academic Activities | Exceptional involvement | Very Involved | Active | Minor participation | No participation | |
| Summary | Outstanding | Excellent | Good | Fair | Poor | |

Is there anything else of which our school should be aware in regards to this applicant or family?

Date: _____

Please print: Name _____

Title _____

School _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____

Please mail directly to: Attn: Registrar's Office
 Pantego Christian Academy
 2201 West Park Row Drive
 Arlington, TX 76013-3408

Or fax to: (817) 459-4687 Attn: Nancy

TEACHER RECOMMENDATION

2011-2012

Pantego Christian Academy

2201 West Park Row Drive ■ Arlington, TX 76013
P.O. Box 360 ■ Mansfield, TX 76063
(817) 460-3315, Ext.1204 Fax: (817) 459-4687

Elementary applicants need one recommendation from their current homeroom or English teacher. Middle and High School applicants need two recommendations, one each from their current math and English teachers. These forms should be mailed or faxed directly back to PCA.

Parent's Statement

I, the undersigned, understand that this is a confidential evaluation. My signature herein recognizes that fact and authorizes the person named below to candidly evaluate my child, with the assurance that I will not see this evaluation form upon its completion.

Parent's Signature

Date

Student_____

Current grade_____Date_____

The above-named student is applying for admission to Pantego Christian Academy. Please help us become better acquainted with the applicant by completing this form and returning it directly to the school.

- How long have you known the applicant?
- What is your relationship to the applicant?
- To your knowledge, does the student have any known learning disabilities? Emotional problems? Hyperactivity or Attention Deficit Disorder? Been assigned to in-school or off campus suspension or expulsion? If yes, please explain.
- Describe this applicant's approach to learning.
- From the list below, circle **three** words that best describe the applicant.

Aggressive
Ambitious
Athletic
Caring
Cheerful
Clown

Daydreamer
Disobedient
Distractible
Energetic
Hyperactive
Industrious

Intelligent
Leader
Obedient
Perfectionist
Persevering
Rebellious

Slow
Sneaky
Troubled
Trustworthy
Underachiever
Other:_____

(over)

Compared to other students this age with whom you have dealt, please rate this student in the following areas:

| | Outstanding | Above Average | Average | Below average | Not known |
|-----------------------------|-------------|---------------|---------|---------------|-----------|
| Attitude | | | | | |
| Christian values | | | | | |
| Completes assignments | | | | | |
| Concern for others | | | | | |
| Creative qualities | | | | | |
| Emotional maturity | | | | | |
| Growth potential | | | | | |
| Leadership | | | | | |
| Motivation | | | | | |
| Overall behavior | | | | | |
| Personal appearance | | | | | |
| Personal initiative | | | | | |
| Relationship with parents | | | | | |
| Relationship with peers | | | | | |
| Respect accorded to faculty | | | | | |
| Respect for authority | | | | | |
| Self-confidence | | | | | |
| Self-discipline | | | | | |
| Writing ability | | | | | |

- Has outside help, enrichment, tutoring, or testing been recommended? YES NO If yes, please explain.

- Please comment on parental expectations, support, and attitude toward the applicant and your school.

- Please comment on the applicant's general health, attendance, and tardiness.

Date: _____

Please print: Name _____
 Title/Subject taught _____
 School _____
 Address _____
 City _____ State _____ Zip _____
 Phone () _____

Please mail directly to: Attn: Registrar's Office
 Pantego Christian Academy
 2201 West Park Row Drive
 Arlington, TX 76013-3408

Or fax to: (817) 459-4687 Attn: Nancy

PASTORAL FAMILY RECOMMENDATION 2011-2012

Pantego Christian Academy

2201 West Park Row Drive, Arlington, TX 76013
P.O. Box 360, Mansfield, TX 76063
(817) 460-3315, Ext.1204 Fax: (817) 459-4687

Parent's Statement

I, the undersigned, understand that this is a confidential evaluation. My signature herein recognizes that fact and authorizes the person named below to candidly evaluate my family, knowing that no one in my family will see this evaluation form upon its completion.

Signature

Date

Parent's Name: _____ Date _____

Student: _____ Grade: _____

This family is applying their child(ren) for admission to Pantego Christian Academy, a school dedicated to partnering with families in the Christian training of children and youth. At least one parent or guardian must be a professing believer, evidence of which should be visible in their lifestyle, and be able to show involvement in the life of their church. All families must submit a pastoral recommendation for admittance to our school.

In light of the above qualifications, please help us become better acquainted with this applicant's family by completing this form and returning it directly to the school.

How long have you known this family?

Does this family attend church services regularly?

Describe this family's involvement in your church and their support of your church activities.

Does this family's lifestyle reflect a Christian lifestyle?
(Would you prefer to discuss this with an Administrator?)

Your Name: _____ Position: _____

Church Name: _____

Address: _____

Phone #: _____

Signature of reference: _____

Please mail directly to:

Attn: Registrar's Office
Pantego Christian Academy
2201 West Park Row Drive
Arlington, TX 76013

Or fax to: (817) 459-4687 Attn: Nancy

For further assistance, please call (817)460-3315, Ext.1204

PASTORAL STUDENT RECOMMENDATION

2011-2012 (Grades 6 - 12 only)

Pantego Christian Academy

2201 West Park Row Drive, Arlington, TX 76013
P.O. Box 360, Mansfield, TX 76063
(817) 460-3315, Ext.1204 Fax: (817) 459-4687

Parent's Statement

I, the undersigned, understand that this is a confidential evaluation. My signature herein recognizes that fact and authorizes the person named below to candidly evaluate my child, knowing that I will not see this evaluation form upon its completion.

Parent's Signature

Date

Student: _____ Grade: _____ Date: _____

This student is applying for admission to Pantego Christian Academy, a school dedicated to the education of youth who are believers of Jesus Christ. Secondary students at our school must be professing followers of Jesus Christ, evidence of which should be visible in their lifestyles. At least one parent or guardian must be a believer as well.

In light of the above qualifications, please help us become better acquainted with this applicant by completing this form and returning it directly to the school.

How long have you known the applicant?

Does this student attend church services on a regular basis?

Describe this student's level of involvement in church/youth group activities.

How would you describe this student's relationship with the Lord, as reflected in his/her words, actions, and lifestyle?

Your Name: _____ Position: _____

Church Name: _____

Address: _____

Phone #: _____

Please mail directly to:

Attn: Registrar's Office
Pantego Christian Academy
2201 West Park Row Drive
Arlington, TX 76013

Signature of reference: _____

Or fax to: (817) 459-4687 Attn: Nancy

For further assistance, please call (817)460-3315, Ext.1204

AFTER-SCHOOL CARE

Not available for younger than 4 years old

2011-2012

To enroll your child, please complete both sides of this application and turn it in to the office.

Child's name _____ Grade _____ Birthdate _____

Parents' names _____

PROGRAM DISMISSAL TIME IS PROMPTLY AT 6:30

Please **print** the following requested information:

Street address _____

City _____ Zip _____

Home phone _____

Homeroom teacher _____

Mother's name _____ Father's name _____

Mother's employer _____ Father's employer _____

Work address _____ Work address _____

Work phone _____ Work phone _____

Pager _____ Cell _____ Pager _____ Cell _____

Driver's license# _____ Driver's license# _____

The people listed below are authorized to pick up my child:

| Name | Phone | Driver's License# |
|-------|-------|-------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

We cannot release your child to anyone who is not included on the list above.

(Please complete reverse side.)

List below any allergies (food, medicine, insect, plant, etc.) your child has, as we provide snacks and play outdoors when weather permits:

List any other medical conditions of which we should be aware:

The information supplied herein is accurate and complete to the best of my knowledge, and I agree to keep PCA After-School Care apprised of any changes to this information that occur during the course of the school year.

SIGNATURE _____
Parent or Legal Guardian

DATE _____

After-School Care Payment & Discipline Policies:

1. If your child attends the program, you will be charged \$4.00 per hour. A \$100 deposit is needed to set up your account. This must be done before the beginning of the school year, either by paying online into your RenWeb account or by paying by cash or check at Back-to-School Night at the After-School Care table. You will need to keep your account balance at a minimum of \$35.00 at all times, or you will be charged \$8.00 per hour until your account shows the minimum balance. If your account balance reaches \$0, your child will be unable to attend the program until your balance is raised to the \$35.00 minimum. If your child is brought to the program when you have a \$0 balance, your child will be taken to the Principal's office, and you or your emergency contact people will be called to come pick up your child.
2. Late fees will be assessed if your child is not picked up by 6:30 at a rate of \$1.00 per minute past 6:30. Please make every effort to notify us if you know you are running late (Ext. 1115).
3. At the end of the school year, any credit balances will be refunded in full or can be carried over to the next school year. If you have an outstanding balance, it must be paid in full before you will receive your child's report card.
4. **If someone who is not on the authorized list on the application form comes to pick up your child, only the parent/guardian of the child may call the school to provide the name of the alternate pick-up person. That person will then need to present a driver's license for identification; otherwise, the child will not be released.**
5. **The administration of the Academy, the director of the After-School Program, and the workers serving under them shall have full discretion in the administration of appropriate discipline for the student, with the exception of corporal punishment.** The program reserves the right to adopt rules and regulations from time to time, and all students enrolled shall comply fully with the rules and regulations then in force.

IN AGREEMENT WHEREOF, the parties hereto have signed this contract on this _____ day of _____ 20____.

Father or Guardian

Mother or Guardian

Emergency Medical Authorization

I give my permission to the administrators, faculty, staff, or designated volunteer (hereafter designated as the ACADEMY) to seek and obtain any medical help it may deem necessary for my child in the case of an accident, injury, or illness. I will not hold the ACADEMY liable in the case of any accident, injury, or illness.

In the event I cannot be contacted to arrange for emergency medical attention for my child at the time of an on-campus accident, injury, or illness, I hereby authorize the ACADEMY to call 911 and have my child transported to the nearest hospital emergency room for any necessary medical treatment.

SIGNATURE _____
Parent or Legal Guardian

DATE _____