



ENROLLMENT CONTRACT
2017-18

5600 Coral Ridge Drive * Coral Springs, FL 33076
Phone (954)346-0236 * Fax (954)346-0013

Date: Students Full Name:

I (we) have read, agree, understood and will fully comply with Parkridge Christian Academy in routine matters including policies, procedures, rules, regulations and discipline as outlined in the Parent Handbook.

(Please initial each item listed below)

Medical Release Form (Appendix 1 in Parent Handbook)

Discipline Policy (Appendix 2 in Parent Handbook)

Allergy Policy, Snack Policy & Lunch Policy Form (Appendix 3A, B, C)

Releases (Appendix 4A, B, C)

- Photo Has/does not have
Phone Has/does not have
Address Has/does not have
Field Trip Has/does not have

Handbook Agreement & Tuition Agreement Form (Appendix 5A, B)

Behavior/Expulsion Policies (Appendix 6)

Physical Activity Participation Policy (Appendix 7)

Food Activity Permission Form (Appendix 8)

I (we) understand that monthly tuition is non-refundable. In the event the student withdraws from the program, a 30 day written notice must be received in the office. Removing your child from any PCA program prior to the 30 day notice does not negate your obligation to pay tuition through that time.

I (we) understand all monthly tuition payments are due by the 10th of each month.

Family Affirmation Agreement:

By signing below, we the parents/guardians and student(s) affirm that we have given completely truthful information herein; that we have received, read, and understand, and will abide by the policies and agreements of Parkridge Christian Academy.

Mother's Name: Father's Name:

Signature: Signature:

Date: Date: