

2020-21 RE-ENROLLMENT Preschool Form

Parkridge Christian Academy

Child's Name _____ Age (9/1/20) _____ Date of Birth _____

Father's Name _____ Mother's Name _____

E-mail Addresses (if changes) (f) _____ (m) _____

Address (if changes) _____ Phone (____) _____

(All students going to the 2 ½'s, 3's class must be potty trained)

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) _____

Release (Appendix 4A, B, C) _____

- Photo has/does not have _____
- Phone has/does not have _____
- Address has/does not have _____
- On-Site Field Trip has/does not have _____

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

Behavior/ Expulsion Policy (Appendix 6) _____

Physical Activity Participation Policy (Appendix 7) _____

Food Activity Permission Form (Appendix 8) _____

Re-enrollment Procedures...

- **Submit re-enrollment form along with non-refundable registration fee (\$175 by January 31st. Starting Monday, February 3rd. re-enrollment fee will be \$225.)**
- **Attend the annual "Meet and Greet" for preschool (1, 2, & 3 year olds) for the program year 2020-21**

• **My preschool child will be attending: Half day is 8:30AM-12PM – Full Time is 7:30AM-5:30PM**

☐ **July** M☐ T☐ W☐ Th☐ F☐ ½ Day ☐ Full Day☐

☐ **August** M☐ T☐ W☐ Th☐ F☐ ½ Day ☐ Full Day☐

☐ **Sept-June (20-21)** M☐ T☐ W☐ Th☐ F☐ ½ Day ☐ Full Day☐

☐ **I would like to enroll my child in extended care (5:30PM-6:00PM)**

The last day to make changes in your child's schedule for the program year 2020-21 is Friday, August 28, 2020; otherwise PCA may not be able to accommodate your child. Any changes about schedule must be e-mailed to Tia Johnson at tjohnson@parkridge.com.

The 2020-21 school year ends June 30, 2021. Withdrawing your child prior to that date requires a 30 days notice. If PCA's preschool and/or financial office does not receive a 30 days notice you will be responsible for the following month's tuition. If your child will not be attending during the months of June and/or July you must include your first month's tuition with your registration fee.

Parent or Guardian Agreement Form

Parkridge Christian Academy

By completing the re-enrollment application form for my child to attend Parkridge during the July 2020 -June 2021 program year, I agree to support the administrative, disciplinary, and spiritual standards of the school.

- I, the parent (or legal guardian), give permission for my child to take part in all school activities and absolve the school from liability to my child because of any injury to my child at school or during any school activity. _____(Parent/guardian initial) _____(Parent/guardian initial)
- I, the parent (or legal guardian), agree to pay the tuition fees and any late charges that may accrue as a result of not paying by the given deadline. _____(Parent/guardian initial)_____ (Parent/guardian initial)
- I, the parent (or legal guardian), agree to provide the preschool's office with my child's current immunization and school entry records. These records will remain up to date and stay on file in the preschool's office. _____(Parent/guardian initial) _____(Parent/guardian initial)
- I, the parent (or legal guardian), agree not to send my child to school if my child is ill, so as to prevent illness from spreading to other students. _____(Parent/guardian initial) _____(Parent/guardian initial)
- Parkridge reserves the right to refuse any application or dismiss any student at any time for unacceptable conduct or any other reason it deems necessary. Neither this application nor payment of fees is considered to be binding upon Parkridge. _____(Parent/guardian initial)_____ (Parent/guardian initial)
- I understand that changes to scheduling and/or financial consideration must be discussed with the preschool/financial office. _____(Parent/guardian initial) _____(Parent/guardian)

We, the parents (or guardians), of _____, have read this parent agreement
(Child's name)
form and the parent handbook and agree, understand and will comply with the policies and purpose of PCA. _____ (Parent/guardian initial) _____ (Parent/guardian initial)

We, as parents (or guardians), further understand and support the Bible and religious training implemented in the daily schedule of the Parkridge program. _____ (Parent/guardian initial) _____ (Parent/guardian)

For Office Use Only

Date received: _____ Applicant contacted: _____

Classroom placement: Class: _____ M T W Th F Full/ Half Day

Registration fee paid: Y/N Date: _____ Extended Care: _____