



Dear Applicant,

Thank you for your interest in Perryton Christian Academy. We are humbled and grateful for your consideration in educating your child(ren) and look forward to getting to know you better through this process.

To apply for your child to attend PCA, fill out the application and paperwork that is included. Completed applications may be turned in with the \$50 application fee at either of our campus locations: Harvest Campus at 1800 SW 24th Street, or Southside Baptist Campus at 2122 S. Drake Drive. You may also mail it to PO Box 1251, Perryton, TX 79070. Applications will be processed once all the paperwork and documentation has been received. One exception: the health screening that requires a doctor's signature may be completed by your doctor at your next well check visit and turned in once that has been completed.

Enrollment opens in January, but you can turn in your application anytime between now and then. We will notify you as soon as your application has been processed, usually within a few weeks of receiving it!

If you have any questions, please feel free to give me a call or send me a text message at (806) 202-2616, or email me at [jstepp@perrytonchristian.org](mailto:jstepp@perrytonchristian.org). I look forward to working with you!

Blessings,

Jana Stepp  
Administrator  
Perryton Christian Academy

# Perryton Christian Academy

PO Box 1251, Perryton, TX 79070

806-202-2616

## Student Application 2018

Applying for Grade:  3-yr-old PreK Half Day  4-yr-old PreK Half Day  Kindergarten  
 3-yr-old Prek Full Day  4-yr-old PreK Full Day  1st Grade  
 2nd Grade  3rd Grade  4th Grade  
 5th Grade  6th Grade  7th Grade  
 8th Grade  9th Grade

*Perryton Christian Academy admits students of any race, color, national origin, or ethnicity to all the rights, privileges, programs, and activities made available at the school.*

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## STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender (  ) Male (  ) Female

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Has the applicant ever repeated a grade? If yes, please explain: \_\_\_\_\_

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School last attended: \_\_\_\_\_ Phone: \_\_\_\_\_

School's Address: \_\_\_\_\_

In applying for admission, I authorize other schools/daycares, counselors, or physicians to release and share with PCA information and records regarding my child's educational, developmental and behavioral progress.

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## FAMILY/GUARDIAN INFORMATION

Father's/Guardian's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Title: \_\_\_\_\_ Occupation: \_\_\_\_\_

Lives with student  Yes  No Responsible for Billing for Tuition and Fees  Yes  No

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Mother's/Guardian's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Title: \_\_\_\_\_ Occupation: \_\_\_\_\_

Lives with student  Yes  No Responsible for Billing for Tuition and Fees  Yes  No

If parents are divorced, please indicate who has legal custody: \_\_\_\_\_

If one parent has sole primary custody, custodial legal documents are required by the school prior to enrollment.

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## MEDICAL HISTORY - to be completed by parent or guardian

### General Medical Information

Are there any special factors, conditions, or other reasons that the applicant cannot participate fully during normal school activities, including any special medications, allergies, or anything affecting your child about which the school needs to be informed? ( ) Yes ( ) No If yes, please explain: \_\_\_\_\_

Does the applicant have any physical, mental, or emotional problems? ( ) Yes ( ) No If yes, please explain: \_\_\_\_\_

Has the applicant been recommended for or undergone any developmental or educational testing to determine the existence of learning disabilities or need for special education services? ( ) Yes ( ) No If yes, please explain: \_\_\_\_\_

Does the applicant take prescription medication on a daily basis? If yes, please list:

Medication: \_\_\_\_\_ Purpose: \_\_\_\_\_

Please complete information on any of the following that apply to the applicant:

Hospitalizations: \_\_\_\_\_

Surgeries: \_\_\_\_\_

Allergies: \_\_\_\_\_

Handicaps: \_\_\_\_\_

Is your child currently under ongoing doctor's care \_\_\_\_\_ If so, for what reason? \_\_\_\_\_

Please check if your child has a history of any of these: Convulsions \_\_\_\_\_ Diabetes \_\_\_\_\_ Heart trouble \_\_\_\_\_

Any other health concerns that you feel we should know about? \_\_\_\_\_

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### CHURCH INFORMATION

***Church membership and attendance are not required from our students. But we like to know what churches are represented in our student population if you do attend church. ☺***

Church: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

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### MISCELLANEOUS INFORMATION

Does the applicant have any siblings? ( ) Yes ( ) No If yes, please list the other children:

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

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## Emergency Care Information

Name of Emergency Contact	Relationship to child	
Address	Phone number	Alternate phone number

Name of Alternate Emergency Contact	Relationship to child	
Address	Phone number	Alternate phone number

Name of Physician:	Address:	Office Phone #
Name of Dentist:	Address:	Office Phone #
Hospital Preference in Emergency:	Address:	Phone #

**In the case of a medical emergency, we need your signature to authorize Perryton Christian Academy to act as a liaison for you, including authorizing a physician to provide emergency medical care. Please sign below if you consent:**

*In the event of a medical emergency, if neither the family physician nor I can be contacted immediately, I authorize Perryton Christian Academy and/or medical personnel to provide emergency medical care to my child.*

\_\_\_\_\_ (Signature of Parent/Guardian) \_\_\_\_\_ (date)

\*\*\* Please attach a copy of your child's medical/dental insurance along with this form, a copy of your child's birth certificate, any relevant custody paperwork, and a copy of immunization records or exemption letter.

### STATEMENT OF COOPERATION

I acknowledge that to the best of my knowledge the preceding information is accurate and true. In making application for my child, it is my desire to have him/her receive quality training in a Christian atmosphere. In addition, I realize that attendance at Perryton Christian Academy is a privilege and not a right. Whenever my child or I refuse to cooperate with the spirit of the school or its rules, I realize that I may be asked to withdraw my child.

I give Perryton Christian Academy permission for my child to take part in all school activities, including field trips away from the school premises. Moreover, I absolve Perryton Christian Academy of any liability for my child because of any injury at school or during any school activity.

Should legal action, for any reason, be taken against Perryton Christian Academy or any employee or agent thereof and the school or its agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other costs that Perryton Christian Academy or its agent should incur to defend itself against such action.

\_\_\_\_\_ (Parent or Guardian Signature) \_\_\_\_\_ (Date)

\_\_\_\_\_ (Parent or Guardian Signature) \_\_\_\_\_ (Date)



# Admission Agreement 2018-19

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(Student Name)

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(Date of Birth)

This admissions agreement is made between Perryton Christian Academy and the parent(s) or legal guardian(s) of the student. In consideration of the services provided by PCA, the parent or guardian agrees as a condition of enrollment of their student, to abide by the terms and conditions of this as follows:

1. The parent/guardian agrees that the parent(s) and student will cooperate fully with PCA to ensure full compliance with all health, safety, and discipline rules and policies.
2. The parent/guardian agrees to keep the school informed of any medical or behavior concerns and/or changes of their student throughout the time of enrollment.
3. The parent/guardian agrees to partner with PCA for the education of their child, and will work with PCA personnel, including handling complaints, disagreements, and/or legal matters in a professional manner as outlined in the Handbook.
4. The parent/guardian agrees to abide by financial terms and conditions including payment of all fees, tuition, and aftercare charges.
5. The parent/guardian agrees that enrollment may be terminated by either party without cause and that the parent is responsible for any fees and costs incurred prior to termination of enrollment.
6. The parent/guardian agrees to pay for any property damage or medical services resulting from child's care and acknowledges that PCA cannot be responsible for child's lost or damaged property.

We have read all of the above information and agree to our child's admission into PCA under these terms.

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(Parent or Guardian Signature)

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(Date)

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(Parent or Guardian Signature)

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(Date)



# Permissions and Acknowledgements 2018-19

\_\_\_\_\_  
(Student Name)

\_\_\_\_\_  
(Date of Birth)

## **Field Trip Permission**

I give permission for my child to go on field trips for educational and/or recreational purposes with Perryton Christian Academy. I understand that information will be given regarding the specifics of each field trip in advance, and students can always opt out of field trips if desired.

\_\_\_\_\_  
(Parent or guardian signature)

\_\_\_\_\_  
(date)

## **Transportation Permission**

I give permission for my child to be transported by the Perryton Christian Academy van to and from field trips and events and/or between campuses.

\_\_\_\_\_  
(Parent or guardian signature)

\_\_\_\_\_  
(date)

## **Water Play Permission**

I give permission for my child to participate in water play activities at or away from the Academy, such as sprinkler play (on non-slip surfacing), swimming pools (with proper precautions and lifeguards), and wading pools.

\_\_\_\_\_  
(Parent or guardian signature)

\_\_\_\_\_  
(date)

## **Acknowledgement of receipt of Handbook, Discipline Policies, and Child Abuse and Neglect Policies**

I acknowledge I have received a copy of PCA's student handbook and agree to abide the policies therein. I also received a copy of the Academy's discipline policies and a copy of the Academy's and the State's policies regarding Child Abuse and Neglect.

\_\_\_\_\_  
(Parent or guardian signature)

\_\_\_\_\_  
(date)

## **Permission to Photograph**

My child's photograph may be used as indicated below:

Display in the classroom, classroom work and artwork  
PCA Yearbook

Private PCA Parent Facebook page

Public media such as Newspapers, public Facebook posts,  
and/or promotional materials

Yes

No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Parent or guardian signature)

\_\_\_\_\_  
(date)

# PCA Tuition Schedule 2017-18

Student Name \_\_\_\_\_

<p><b><u>TUITION</u></b></p> <p><u>Half-Day Preschool</u> Pay in full - \$2700 10-month - \$270</p> <p><u>Full-Day Preschool</u> Pay in full - \$3840 10-month - \$384</p> <p><u>Kindergarten – 5<sup>th</sup> Grades</u> Pay in full - \$4250 10-month - \$425</p> <p><u>6<sup>th</sup>-9<sup>th</sup> Grades</u> Pay in full - \$4450 10-month - \$445</p> <p><b><u>AFTERSCHOOL CARE</u></b> \$10 per day of use after 4:00 p.m. billed monthly</p>	<p><b><u>FEES (all are non-refundable)</u></b></p> <table style="width: 100%;"> <tr><td>Application Fee</td><td style="text-align: right;">\$50</td></tr> <tr><td>Half-Day Preschool</td><td style="text-align: right;">\$150</td></tr> <tr><td>Full-Day Preschool</td><td style="text-align: right;">\$175</td></tr> <tr><td>Kindergarten – 8<sup>th</sup> Grades</td><td style="text-align: right;">\$300</td></tr> <tr><td>Testing Fee</td><td style="text-align: right;">\$35</td></tr> </table> <p><b><u>DISCOUNTS (Tuition only)</u></b></p> <p>Pastors' Children – 50% discount Multiple Children --     1st Child -- no discount     Additional children - 25% discount Employees -- 50% discount</p> <p><b><u>Extended Preschool Day</u></b> - \$10 per day This is for preschool children who are enrolled in half-day preschool who need to stay for the full day on occasion. If aftercare is utilized, aftercare will be charged additional to extended day.</p>	Application Fee	\$50	Half-Day Preschool	\$150	Full-Day Preschool	\$175	Kindergarten – 8 <sup>th</sup> Grades	\$300	Testing Fee	\$35
Application Fee	\$50										
Half-Day Preschool	\$150										
Full-Day Preschool	\$175										
Kindergarten – 8 <sup>th</sup> Grades	\$300										
Testing Fee	\$35										

**TUITION PAYMENT OPTIONS: Please indicate your preference for billing Tuition.**

- \_\_\_\_\_ Pay in full – Due August 1, 2017
- \_\_\_\_\_ 10-month Payment – 10 monthly payments due on the 1st of each month from August 1, 2017 – May 1, 2018
- \_\_\_\_\_ Other: \_\_\_\_\_

**FEE PAYMENT OPTIONS: Please indicate your preference for billing Fees.**

- \_\_\_\_\_ Pay in full – Due June 1, 2017, or upon application if after June 1, 2017.
- \_\_\_\_\_ Two half payments – Due April 1, 2017 and June 1, 2017.

**AFTERCARE:**

- \_\_\_\_\_ We plan to use Afterschool care daily or almost daily.
- \_\_\_\_\_ We plan to use Afterschool care occasionally.
- \_\_\_\_\_ We do not plan on using Afterschool care.

Please indicate your preference for billing Tuition, Fees, and/or Aftercare:

- \_\_\_\_\_ Personal or business check
- \_\_\_\_\_ Cash
- \_\_\_\_\_ Credit Card (An additional 4% fee will be applied to cover processing fees from the credit card processing company.)
- \_\_\_\_\_ ACH automatic withdrawal (Please complete ACH form included and attach a voided check with your banking information.)

**I agree to pay all tuition, fees, and aftercare charges for my child's enrollment at PCA**

\_\_\_\_\_ Parent or Guardian Signature \_\_\_\_\_ Date



# Authorized Drop-off and Pick-up 2018-19

(Student Name)	(Date of Birth)	
1. _____ <i>(Name of Person authorized to pick up your child)</i>	_____ <i>(Driver's License #)</i>	
_____ <i>(Address)</i>	_____ <i>(Phone #)</i>	_____ <i>(Alternate Phone #)</i>
2. _____ <i>(Name of Person authorized to pick up your child)</i>	_____ <i>(Driver's License #)</i>	
_____ <i>(Address)</i>	_____ <i>(Phone #)</i>	_____ <i>(Alternate Phone #)</i>
3. _____ <i>(Name of Person authorized to pick up your child)</i>	_____ <i>(Driver's License #)</i>	
_____ <i>(Address)</i>	_____ <i>(Phone #)</i>	_____ <i>(Alternate Phone #)</i>
4. _____ <i>(Name of Person authorized to pick up your child)</i>	_____ <i>(Driver's License #)</i>	
_____ <i>(Address)</i>	_____ <i>(Phone #)</i>	_____ <i>(Alternate Phone #)</i>
5. _____ <i>(Name of Person authorized to pick up your child)</i>	_____ <i>(Driver's License #)</i>	
_____ <i>(Address)</i>	_____ <i>(Phone #)</i>	_____ <i>(Alternate Phone #)</i>
6. _____ <i>(Name of Person authorized to pick up your child)</i>	_____ <i>(Driver's License #)</i>	
_____ <i>(Address)</i>	_____ <i>(Phone #)</i>	_____ <i>(Alternate Phone #)</i>
7. _____ <i>(Name of Person authorized to pick up your child)</i>	_____ <i>(Driver's License #)</i>	
_____ <i>(Address)</i>	_____ <i>(Phone #)</i>	_____ <i>(Alternate Phone #)</i>



(Student Name)

(Date of Birth)

**CHILDREN'S MEDICAL REPORT - To be given to your child's physician and returned after your child's well-check is completed, or before August 1.**

Form may be returned to the PCA offices, faxed to (806)435-2721, or mailed to Perryton Christian Academy, PO Box 1251, Perryton, TX 79070.

**PHYSICAL EXAMINATION**

Child's height \_\_\_\_\_, weight \_\_\_\_\_

Should activities be limited for this child?  YES  NO

The state of Texas Vision and Hearing Screening Program, Chapter 36 of the Health and Safety Code requires that all children ages 4 and older enrolled for the first time in any public, private, parochial, or denominational school must be screened or have a professional examination for possible vision and hearing problems.

<b>**VISION SCREENER REPORT**</b>					
<b>DISTANCE ACUITY SCREEN:</b>  With correction: <input type="checkbox"/> Yes <input type="checkbox"/> No  Chart Used: Letter <input type="checkbox"/> Rt Eye 20/___ <input type="checkbox"/> Lft Eye 20/___ "E" <input type="checkbox"/> Rt Eye 20/___ <input type="checkbox"/> Lft Eye 20/___ HOTV <input type="checkbox"/> Rt Eye 20/___ <input type="checkbox"/> Lft Eye 20/___ Autom. Screening Device _____ <input type="checkbox"/> PASS <input type="checkbox"/> FAIL		<b>HIRSCHBERG CORNEAL:</b>  <b>Light Reflex Test</b> <input type="checkbox"/> Light Reflection is centered or slightly toward the nose the same distance in each eye. <input type="checkbox"/> Light reflection is not centered nor slightly toward the nose the same distance in each eye. <input type="checkbox"/> PASS <input type="checkbox"/> FAIL		<b>COVER AND UNCOVER:</b>  <b>NEAR: 12 TO 13 INCHES</b> <input type="checkbox"/> No Eye Movement <input type="checkbox"/> Eye Movement <input type="checkbox"/> PASS <input type="checkbox"/> FAIL  <b>FAR: 10 to 20 feet</b> <input type="checkbox"/> No Eye Movement <input type="checkbox"/> Eye Movement <input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
Signature of Screener: _____			Date of Screening: _____		
Referral to primary care provider: <input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>**SWEEP-CHECK HEARING SCREENING REPORT**</b>					
	<b>Ear</b>	<b>1 1000 Hz</b>	<b>2 2000 Hz</b>	<b>3 4000 Hz</b>	<b>Results</b>
First Screen:	R	dB	dB	dB	<input type="checkbox"/> PASS
Date:	L	dB	dB	dB	<input type="checkbox"/> FAIL
Signature of Screener: _____				Date of Screening: _____	
Referral to primary care provider: <input type="checkbox"/> YES <input type="checkbox"/> NO					

Please include a copy of Immunization Records, or use the chart below. Students not current on immunizations need an explanation from the doctor indicating the plan to bring immunizations up-to-date, or an exemption letter from parents. Students must meet State and Local requirements for exemptions to be granted.

**IMMUNIZATION HISTORY**

Enter the date of each immunization received.

<b>VACCINE</b>	<b>#1</b>	<b>#2</b>	<b>#3</b>	<b>#4</b>	<b>#5</b>
<b>DTaP</b> (diphtheria, tetanus and acellular pertussis) <b>5 doses</b>					
<b>Polio -4 doses</b>					
<b>Hib</b> (Haemophilus influenzae) <b>3-4 doses</b>					
<b>Measles - 2 doses</b>					
<b>Mumps - 2 doses</b>					
<b>Rubella - 1 dose</b>					
<b>Hepatitis B - 3 doses</b>					
<b>Varicella - 1 dose</b>					

If immunizations are missing, please explain: \_\_\_\_\_

I have examined the above named child and find that he/she is able to participate in PCA programs and activities.

Physician's Signature: \_\_\_\_\_ Date \_\_\_\_\_