



PATH CHRISTIAN Academy

"Put on the full armor of God, so that...you may be able to stand your ground..." Ephesians 6:10-18

KINDERGARTEN – SIXTH GRADE TUITION AND FEE SCHEDULE August 14, 2019 – May 30, 2020

***Educational Material/Activities Fee: \$445.00 (If paid in full on or before July 1st) NONREFUNDABLE
\$500.00 (If paid after July 1st) NONREFUNDABLE
(\$100.00 of this fee due at time of registration)**

Educational Materials/Activity Fees must be paid in full on or before July 1st or the higher fee will be applied.

Late fees will apply after August 1st if all fees are not paid, unless prior written arrangements have been made with tuition manager).

NEW Student Registration Fee: \$100.00 one time only. NONREFUNDABLE (Due at time of registration)

The **Educational Material/Activities fee** covers yearly testing materials, consumable classroom, art and science supplies, curriculum, yearbook, memberships, insurance, student activities, field trips, and assemblies. (This does not include **Outdoor Education trips for 4th-6th grade**). The **New Student Registration fee** covers operational expenses, CUM request and new student enrollment paperwork, and entrance testing when applicable.

\$17.00 School shirt (required for off campus trips)

TUITION: Tuition is an **annual** fee which may be paid in nine or ten monthly payments. Monthly tuition payments and other monthly fees (i.e. daycare, etc.) are due at the first of each month beginning. Payment schedule must be pre-selected at the time of enrollment on the contract form.

| | | |
|-----------------------------|---|---------------|
| 1st Child | Per Year | \$5,500.00/yr |
| | Ten Monthly Payments (August-May) | \$550.00/mo |
| | Nine Monthly Payments (Sept-May) | \$611.00/mo |

**We offer sibling discounts: 15% off for your 2nd Child, 25% off for your 3rd Child, 50% off for your 4th Child
(\$467.50) (\$412.50) (\$275.00)**

Annual tuition may be paid in full, *but* must be paid in full by August 1st to receive an additional 5% discount. You may choose to make monthly payments (please see the "Explanation of Payment Procedures" on the reverse side of this form). **In addition, there will be no reimbursement for tuition if it becomes necessary for you to drop your student from our school during the academic school year** (see "Withdrawal Procedure"). There are no partial month reimbursements for monthly program fees (i.e. day care, etc.).

LATE TUITION CHARGES: Ten percent of the total monthly tuition and day care (if applicable) will be charged if tuition is not paid by the 5th of the month. If there remains an unpaid balance as of the 10th of the month, your student may temporarily be suspended or dropped until all outstanding amounts due are paid in full unless other arrangements have been previously made with the tuition manager at P.C.A.

EXTENDED DAY CARE

| | | |
|--------------------------|-------------------|--------------------|
| Morning Day Care | 6:00 AM – 8:00 AM | \$80.00 per month |
| Afternoon Day Care | 3:30 PM – 6:00 PM | \$100.00 per month |
| Both AM & PM Day Care | | \$150.00 per month |
| *Prearranged weekly rate | AM or PM | \$50.00 per week |

*Prearranged daily rate (This situation should be rare and on an emergency basis only)
AM Day Care \$10.00 per day, PM Day Care \$15.00 per day, arrangements made 24 hours in advance.
***Students may not add daycare (by week or day) on weeks/days with minimum days scheduled.**

5202 Lincoln Ave, P.O. Box 769, Cypress, CA 90630 (714) 236-1293 Tel (714) 821-0929 Fax

www.PATHchristianacademy.com

LATE PICK UP CHARGES: Daycare closes at 6:00 PM. Late parents of students in daycare will be charged \$10.00 for the first quarter hour and \$1.00 per minute after if their student remains on campus after 6:00 PM. Chronic lateness may result in dismissal from our daycare program.

Students not picked up 3:30 pm will be placed in the daycare program and will be charged \$10.00 the first quarter hour and \$1.00 per minute that they are in daycare unless prearranged (see extended daycare above).

EXPLANATION OF PAYMENT PROCEDURES

The school accounting is managed from our in-house accounting department. All monthly school payments must be paid directly to Path Christian Academy. Path Christian Academy (P.C.A.) allows a 5 day grace period for payments. All monthly school payments are **due on the 1st of each month and are late after the 5th of each month.** Payments received on the 6th will be assessed a late fee. There is no allowance made if the 5th of the month is on a weekend; a late fee will be assessed as of the 6th of the month. P.C.A. charges a 10% late fee for any payment received after the grace period (5th of the month) expires.

Please make all checks payable to: **P.C.A.** and
write your child's name on the memo of the check

There are two ways to make your payments to Path Christian Academy (P.C.A.):

1. **(PREFERRED)** Bring your payment directly to P.C.A. Place your payment in the payment drop box located in the hallway in preschool. Payments are collected each morning at 10:00 AM.
2. You may mail your payment to P.C.A. Please send it to:

**P.C.A.
P.O. Box 769
Cypress, CA 90630**

Your payment must arrive at the school by the 5th to avoid a late fee. If your payment is postmarked the 2nd or later and arrives after the 5th, it will be considered late and the fee will be assessed.

RETURNED CHECK POLICY

3. P.C.A. charges a \$25.00 fee for each returned check. Multiple returns result in multiple charges. Your account may have to be paid in cash or money order if there are returned checks against your account. If you have any questions concerning the above information, or any other financial policies, please feel free to contact the accounting office (714) 236-1293

PATH CHRISTIAN ACADEMY
2019-2020 ELEMENTARY ENROLLMENT PACKET

Student's name: _____ Grade Entering: _____

Returning student: _____

REGISTRATION CHECK LIST

This packet includes registration materials, and information about tuition, registration, book use and day care fees. In order to enroll your child at P.C.A. the registration fee must accompany the completed registration packet. If you have any questions, please call the school office at (714) 236-1293.

NEW STUDENT COMPLETES ALL

***RETURNING STUDENT COMPLETES**

Parents: Please initial each line as you read and/or fill out each form.

- _____ Elementary Parent Handbook*
- _____ Tuition and Fee Schedule*
- _____ Explanation of Payment Procedures*
- _____ Statement of Faith*
- _____ Statement of Purpose
- _____ Pastor's Questionnaire
- _____ Elementary School Contract *
- _____ Payment Plans*
- _____ Non-prescriptive Medication Authorization
- _____ Legal Custody Letter
- _____ Photo Release Form
- _____ T-Shirt Order Form
- _____ Physicians Report (for students entering the 1st grade only) *
- _____ Immunization Record (updated)*
- _____ Birth Certificate
- _____ Student Information Card/Health Release

I hereby acknowledge that I have read, understood and completed all the above registration materials and that I have received, read and understood and will abide by the Elementary Handbook as well as my financial responsibilities to P.C.A.

Signature of Parent / Guardian

Signature of Parent / Guardian

Date

FOR OFFICE USE ONLY:

New students: _____ *All students: _____ *Tuition Database

_____ Cumulative request sent _____ Last report card _____ *Data Base _____ *T-Shirt received

_____ 1st _____ 2nd _____ SAT Score _____ *Cum Update/ Made _____ *Start date

PATH CHRISTIAN ACADEMY
ELEMENTARY PROGRAM CONTRACT 2019-2020

(Student's last name) (Student's first name) (Student's birthday) (Grade)
PLEASE GIVE THE NAME(S) YOU WANT ON THE ACCOUNT:

(Family last name) (Father's name) (Mother's name)

(Father's employer) (Phone) (Mother's employer) (Phone)

Primary Email Address: _____

IF MY CHILD IS ACCEPTED FOR ENROLLMENT, I AGREE TO THE FOLLOWING: (PLEASE INITIAL EACH ITEM)

- ____ 1. **I acknowledge and agree to abide by all the policies outlined in the Elementary Parent Handbook.**
- ____ 2. I understand that I am obligated to pay and will pay the **full annual** tuition (which may be paid in 9/ 10 months) plus all day care fees and other charges as established by the school. (See "Tuition and Fee Schedule" regarding registration, tuition and day care). I will pay all costs, including legal fees, court costs, and attorney fees incurred by the school for collection of fees/tuition should such actions become necessary.
- ____ 3. **I understand that all Educational Material/Activities Fees are nonrefundable, due at the time of enrollment and I am obligated to pay these fees in full before May 1st of the contracted school year if payment arrangements are made.**
- ____ 4. I understand that if there remains an unpaid balance as of the **10th of the month**, my student may be temporarily suspended or dropped until all outstanding amounts due are paid in full unless other arrangements have been made previously with the accounting office at P.C.A.
- ____ 5. I understand the "Admission and Withdrawal Procedures". (See "Admission and Withdrawal Procedures" in the Elementary Parent Handbook.)
- ____ 6. Path Christian Academy (P.C.A.) is authorized to provide religious instruction in accordance with the Statement of Faith and all Biblical principles found in the Bible as interpreted by Path Christian Academy.
- ____ 7. The faculty and staff shall have complete control of my student and shall be authorized to employ such discipline as is deemed wise and expedient and as outlined in the Elementary Parent Handbook.
- ____ 8. My child will be picked up by 6:00 PM when they are enrolled in PM Day care. (Late parents of students in day care will be charged \$10.00 the first quarter hour that their student remains on campus after 6:00 PM and \$1.00 per minute thereafter). Chronic lateness may result in dismissal from the day care program. Students not picked up by a parent/authorized adult who remains unreachable by 7:00 PM will be considered abandoned and taken to the Cypress Police Station.
- ____ 9. My student will be picked up by 3:30 PM when they are not enrolled in PM Day care. (Students not picked up by 3:30 PM will be placed in daycare and will be charged \$10.00 the first quarter hour and \$1.00 per minute thereafter). Chronic lateness may show a need for your student to be enrolled in our day care program).
- ____ 10. On **Minimum Days**, if my student is not enrolled in the PM Daycare program I will pick them up at 12:30 PM. (Students not picked up by 12:30 PM will be placed in daycare and will be charged \$10.00 the first quarter hour and \$1.00 per minute thereafter).
***Students may not add daycare (by week or day) on weeks/days with minimum days scheduled.**
- ____ 11. I will notify P.C.A. in writing or by phone if my student will be picked up by someone other than the authorized adults listed on the Emergency Information Cards. (Refer to "Student Release Procedure" in the Elementary Parent Handbook.)
- ____ 12. I understand that I am **fully responsible for the entire academic school year tuition, including any outstanding registration / curriculum / material fees, (even if on the 9/10 payment month plan); there will be no reimbursement for tuition if it becomes necessary to drop my P.C.A. student during the academic school year (see "Withdrawal Procedure").**
- ____ 13. I will give a one month notice regarding any changes in my student's enrollment in extended day care offered by P.C.A. (See "Extended Day Care" in the Elementary Parent Handbook). I understand that I am **fully responsible for all day care charges up to and through my one month notice.**
- ____ 14. I will notify P.C.A. in writing of all changes to the information contained in this registration packet (i.e. changes in phone numbers, addresses, including email address, enrollment status, custody etc.)
- ____ 15. I understand that P.C.A. may drop my student if parent and/or student behavior and/or academic expectations described in the parent handbook are not being met.

Signatures of both parents/guardians:

Date: _____

Date: _____

PAYMENT PLANS

**Educational Material/Activities Fee: \$445.00 (If paid in full on or before July 1st) NONREFUNDABLE
\$500.00 (If paid after July 1st) NONREFUNDABLE
(\$100.00 of this fee DUE AT TIME OF REGISTRATION)**

***Educational Materials/Activity Fees must be paid in full by July 1st or the higher fee will be applied.**

NEW Student Registration Fee: \$100.00 one time only. NONREFUNDABLE (Due at time of registration)

NEW STUDENT FEE: \$100.00 Check # _____ CASH _____

**EDUCATIONAL MATERIAL FEE PLAN:
PLEASE INITIAL EACH APPROPRIATE LINE:**

On or before July 1st

_____ **\$100.00 (Deposit due at time of registration)** Check # _____ CASH _____

_____ **If paid before July 1st** Balance of \$345.00 1 Payment: _____ Check # _____ CASH _____

Paid after July 1st

_____ **\$100.00 (Deposit due at time of registration)** Check # /CASH _____ Date: _____

_____ Balance of \$395.00 (1 Payment) Check # /CASH _____ Date: _____

_____ Balance of 2 payments of \$197.50 each. Check # /CASH _____ Date: _____
Check # /CASH _____ Date: _____

_____ Balance of 10 Payments of \$39.50 each per month **August – May**

_____ Balance of 9 Payments of \$43.88 each month **September- May**

I understand that I will be liable for the entire amount of my Educational Material/Activities Fees if I choose to drop my child before the conclusion of my payment arrangement.

Signature _____
Date

***Late fees will apply after August 1st if all fees are not paid, unless prior written arrangements have been made with tuition manager).**

**TUITION PAYMENT PLAN:
PLEASE INITIAL EACH APPROPRIATE LINE**

_____ **1 PAYMENT (5% DISCOUNT) Must be paid by August 1st 2019** Date Paid _____ Check #/CASH _____

_____ **10 PAYMENTS August 2019 – May 2020 (\$550.00 per month)**

_____ **9 PAYMENTS September 2019 – May 2020 (\$611.00 per month)**

FOR OFFICE USE ONLY:

_____ Reg Office
_____ Interview/ Testing Date
_____ Start Date

_____ Daycare – AM PM AM-PM

_____ Disc Applies- 1st 2nd 3rd 4th Sibling: PRESCH ELEM

PLEASE FILL IN THE FOLLOWING INFORMATION FOR THE STUDENT'S PROTECTION

(Circle one)

1. Does the student have a health problem? Yes No
If yes, please specify: Allergy, asthma, wears glasses, hearing problem, diabetes, epilepsy, bee sting sensitive, rheumatic fever, prosthesis, or other: _____

2. Does the student take daily medication? Yes No
At school? Yes No _____
At home? Yes No _____

You must fill out a medication release form for any medication given at school. Forms may be obtained from the school office or day care aide.

3. Allergies and sensitivities: Is there a history of skin or other reactions or sickness following injection or oral administration of: (Circle one) What
Penicillin or other antibiotics Yes No _____
Morphine, Codeine, Demerol or other Yes No _____
Novocain or other anesthetics Yes No _____
Aspirin, or other pain remedies Yes No _____
Sulfa drugs Yes No _____
Tetanus antitoxin or other serums Yes No _____
Any other drug or medication Yes No _____

4. Drugs taken recently: Within the past six months has the student taken: (Circle if Yes)
Cortisone, ACTH, Anticoagulants, Tranquilizers, Hypertensive's (high blood pressure)

5. Has the student ever received treatment for Asthma, Rheumatism, or Rheumatic Fever? Yes No (Circle one)

DOCTOR'S INFORMATION

Name: _____ Phone Number: _____

Insurance Co. _____ Policy # _____

AUTHORIZATION TO CONSENT TO TREATMENT

I/We, the parent(s)/guardian(s) of _____ hereby authorize Path Christian Academy as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care which is deemed advisable by, and is rendered under the general supervision of any physician or surgeon licensed under the provision of the Medical Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required. Authorization is hereby given to Path Christian Academy personnel to administer first-aid treatment during school activities or to call the paramedics, or rescue squad, as deemed necessary. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Should there be any changes in your student's health history, it is the parent's responsibility to notify P.C.A. immediately in writing of those changes.

Signature of Both Parents or Guardians

Daytime Phone Date