



PATH CHRISTIAN Academy

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

PRESCHOOL FEE SCHEDULE

August 3rd – July 23rd 2020-2021

New Student Registration: \$55.00 (One time only)

Education Materials: \$75.00 (All students)

School T-shirt: \$20.00 (*required for all off-campus trips)

These fees include: Office records, consumable materials, child medical insurance, Association of Christian Schools International Membership, earthquake supplies, curriculum, classroom and outdoor equipment, and other general school expenses.

The registration and curriculum fees are NON-REFUNDABLE

MONTHLY PRESCHOOL FEES:

Include childcare from **6:00 a.m. to 6:00 p.m.**, two snacks, one lunch per day, and all assemblies/field trip costs:

18 Months-2 1/2 (non-potty trained)

Full Day Programs*: 6AM-6PM

5 Day	\$750
4 Day (Choose Set Days)	\$635
3 Day (Monday, Wednesday, Friday).....	\$465
2 Day (Tuesday, Thursday)	\$360

***Full Day Programs Include two snacks and lunch**

Half Day Programs5Day**

6AM-12PM w/o Lunch.....	\$480
6 AM-2:30 PM w/Lunch.....	\$550
12 PM-6 PM w/Lunch	\$550
12:45 PM-6 PM w/o Lunch	\$480

****Half Day Programs include one snack**

Sibling Discounts: 2nd Child 15%, 3rd Child 25%, 4th Child 50%

2 1/2 (potty trained) – TK Program

Full Day Programs*: 6AM-6PM

5 Day	\$670
4 Day (Choose Set Days)	\$566
3 Day (Monday, Wednesday, Friday)	\$435
2 Day (Tuesday, Thursday)	\$344

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***Community Service Discounts 20% (Actively Serving: Firefighters, Law Enforcement, Military, Pastors, & Missionaries)**

****Discounts cannot be combined**

REIMBURSEMENT POLICY:

There will be **no partial month reimbursement** if it becomes necessary for you to drop your child from enrollment during the month. Tuition payments are due the first day of each month (beginning August).

LATE FEE:

Tuition is due on the first day of each month and considered late after the fifth. A late fee of ten percent of the total monthly fee will be charged if payment is not received by the 5th of each month. There will be a \$25.00 service charge for each returned check, late payment fees will be assessed to all returned tuition checks. (Multiple returns constitute multiple charges. As a result, payment may be required by cash or money order only).

LATE PICK-UP PENALTY:

Parents who are late picking up their child will be charged \$10.00 for the first quarter hour that their child remains after 6:00 p.m or the scheduled program hours and \$1.00 per minute after. Chronic lateness may result in dismissal from our preschool program. Students that are not picked up by a parent/guardian that remains unreachable by 7:00 pm will be considered abandoned and taken to the Cypress Police Department.

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 in the memo of the check

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

1. **(PREFERRED)** Online via Venmo our account is **@PATH-Christian-Academy** please ensure to note the student's name and preschool room # to ensure funds are applied to the correct account.
2. Bring your payment directly to P.C.A. Place your payment the payment drop box located in the hallway in preschool. Payments are collected each morning at 10:00 AM.
3. 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 be postmarked by the 1st and arrive at the school by the 5th to avoid a late fee. If your payment is postmarked the 2nd or later, and it arrives later than the 5th it will be considered late and the fee will be assessed.

RETURNED CHECK POLICY

P.C.A. charges a \$25.00 fee for each returned check, and late payment fees will also be assessed. 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 tuition manager at (714) 236-1293.

PATH CHRISTIAN ACADEMY
PRESCHOOL PROGRAM ENROLLMENT PACKET

Student's name: _____ Room # _____

New Student:

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 COMPLETE ALL BELOW * RETURNING STUDENT COMPLETE

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

- _____ Preschool Parent Handbook *
- _____ Tuition and Fee Schedule *
- _____ Explanation of Payment Procedures *
- _____ (New) Statement of Faith
- _____ Statement of Purpose
- _____ Pastor's Questionnaire
- _____ Spiritual and Church Life
- _____ Student Information Card*
- _____ Preschool Contract *
- _____ Parent's Rights Form
- _____ Personal Rights Form
- _____ Child's Health History
- _____ I.D. and Emergency Information
- _____ Non-Prescriptive Medication Authorization
- _____ Legal Custody Letter
- _____ Park Day Permission Slip *
- _____ T-Shirt Order Form
- _____ Photo Release Form
- _____ Immunization Record
- _____ Birth Certificate
- _____ Physician's Report

Fees: New Student Registration Paid Education Materials Paid

Select One Program:

5 Day 4 Day 3 Day 2 Day 5 Day AM w/lunch 5 Day PM w/ lunch 5 Day AM w/out lunch 5 Day PM w/out lunch

I hereby acknowledge that I have read, understood and completed all the above registration materials and that I have received, read and understood the Preschool Program Handbook and fee schedule.

Signature of Parent / Guardian

Signature of Parent / Guardian

Date

FOR OFFICE USE ONLY:

_____ Data Base _____ Office _____ Start Date _____ CUM _____ T-Shirt

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

(Select 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: (Select one)
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: Yes No
 Cortisone, ACTH, Anticoagulants, Tranquilizers, Hypertensive's (high blood pressure)

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

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

PATH CHRISTIAN ACADEMY
PRESCHOOL PROGRAM CONTRACT 2020-2021

(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: _____		Secondary Email Address: _____	

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IF MY CHILD IS ACCEPTED FOR ENROLLMENT, I AGREE TO THE FOLLOWING:

- ___ 1. **I have read and will abide by the policies outlined in the Preschool Parent Handbook.**
- ___ 2. I understand that I am obligated to pay and will pay the **full** monthly tuition and other charges as established by the school. (See "Preschool Monthly Fee Schedule" regarding registration, curriculum 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 the Registration & Material Fee which are due at time of enrollment are nonrefundable.**
- ___ 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 "Withdrawal Procedure". (See "Withdrawal Procedure" in the Preschool 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 P.C.A.
- ___ 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 Preschool Parent Handbook.
- ___ 8. My child will be picked up by 6:00 PM* when they are in the Preschool program. Late parents of students in Preschool will be charged \$10.00 per every quarter hour, and \$1.00 per minute after, that their student remains on campus after 6:00 PM. chronic lateness may result in dismissal from the day care program. (*I understand these fees also apply to all 1/2 day programs). 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. 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 Preschool Parent Handbook.)
- ___ 10. I will give a **one month notice** regarding any changes in my student's enrollment in any monthly program offered by P.C.A., and I understand I am **fully responsible for all charges up to and through my notice.**
- ___ 11. 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, home and email addresses, enrollment status, custody etc.)
- ___ 12. I understand that P.C.A. may drop my student if parent and student expectations described in the parent handbook are not being met.
- ___ 13. I acknowledge and will abide by the P.C.A.'s admission procedure as outlined in the handbook.

Signature of Parent / Guardian	Signature of Parent / Guardian	Date
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FOR OFFICE USE ONLY (see back)

FOR OFFICE USE ONLY:

_____ Start Date _____ Room _____ T-Shirt Check #/Cash/Venmo _____

_____ **18 Months - 2 ½ (non-potty trained)**
Toddler Program

_____ **2 ½ (potty trained)-TK years old**
Preschool Program

Days/Mo Rate

_____ New Student Registration fee Check #/Cash/Venmo _____

_____ Education Materials fee Check #/Cash/Venmo _____

_____ X _____ =

_____ Fees 5 day 3 day 2 day

_____ AM PM w/lunch
W/out lunch

_____ Disc Applies 1st 2nd 3rd

Sibling 1 Name Preschool / Elementary

Sibling 2 Name Preschool / Elementary

Sibling 3 Name Preschool / Elementary

Path Christian Academy
Field Trip Permission Slip

Field Trip: Park Day

Teacher: Preschool

Field Trip Date: The last Friday of each month

Departure time: 10:00 am

Return time: 12:00 noon

Transportation: Walking (shoes)

must wear school T-Shirt

No cost per student or parent

Lunch: Need a sack lunch with a drink

Without this signed permission slip, your child will not be allowed to participate on this field trip or attend school on the above date since there has been no provision for their care.

Please return permission slip with registration packet.

My child _____, has permission to attend the Park Day field

Trip on the last Friday of each month.

Student's Room Number: _____

Parent's Signature: _____ Date: _____

Parents are welcome to come.