



# 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 - July**

**New Student Registration: \$40.00 (One time only)**

**Education Materials: \$60.00 (All students)**

**School T-shirt: \$15.00 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:

#### 2 ½ (potty trained)-5 years old

Full Day Programs\*: 6AM-6PM

5 Day ..... \$620

3 Day (Monday, Wednesday, Friday) ..... \$419

2 Day (Tuesday, Thursday) ..... \$334

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

Half Day Programs\*\*5Day

6AM-12PM w/o Lunch ..... \$455

6 AM-2:30 PM w/Lunch ..... \$509

12 PM-6 PM w/Lunch ..... \$509

12:45 PM-6 PM w/o Lunch ..... \$420

\*\*Half Day Programs include one snack

Sibling Discounts: 2<sup>nd</sup> Child 15%, 3<sup>rd</sup> Child 25%, 4<sup>th</sup> Child 50%

#### 18 Months-2 ½ (non-potty trained)

Full Day Programs\*: 6AM-6PM

5 Day ..... \$700

3 Day (Monday, Wednesday, Friday) ..... \$450

2 Day (Tuesday, Thursday) ..... \$350

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

Half Day Programs\*\*5Day

6AM-12PM w/o Lunch ..... \$475

6 AM-2:30 PM w/Lunch ..... \$550

12 PM-6 PM w/Lunch ..... \$530

12:45 PM-6 PM w/o Lunch ..... \$430

\*\*Half Day Programs include one snack

Sibling Discounts: 2<sup>nd</sup> Child 15%, 3<sup>rd</sup> Child 25%, 4<sup>th</sup> Child 50%

### REIMBURSEMENT POLICY:

There will be **no partial month reimbursement** if it becomes necessary for you to drop your child from enrollment during the month. Payments are due the first day of each month (beginning September 1<sup>st</sup>). Tuition payments are for a full month's attendance.

### 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 5<sup>th</sup> 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.

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

[www.PATHchristianacademy.com](http://www.PATHchristianacademy.com)

## **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 (5<sup>th</sup> 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 two ways to make your payments to Calvary Chapel Christian School (P.C.A.):

1. **(PREFERRED)** Bring your payment directly to P.C.A. Place your payment the payment drop box located in the hallway in preschool. Payment's 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 be postmarked by the 1st and arrive at the school by the 5<sup>th</sup> to avoid a late fee. If your payment is postmarked the 2nd or later, and it arrives later than the 5<sup>th</sup> 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
- \_\_\_\_\_ Preschool Calendar \*

Program: \_\_\_\_\_ New Student Registration Paid      \_\_\_\_\_ Education Materials Paid

5 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



Family Name: \_\_\_\_\_

**SPIRITUAL AND CHURCH LIFE INFORMATION**

What church does your family attend? \_\_\_\_\_

Do you attend regularly? \_\_\_\_\_

	Every Sunday	Occasionally	Seldom	Never
Father's Name	_____	_____	_____	_____
Mother's Name	_____	_____	_____	_____
Student's Name	_____	_____	_____	_____
Student's Name	_____	_____	_____	_____
Student's Name	_____	_____	_____	_____

How are you as parents involved in church activities other than attending worship services? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In what ways is your home a Christian home? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How are your children involved in church activities other than worship services? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please give a statement of your personal Christian faith: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you wish to have your child enrolled in this school? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**PATH CHRISTIAN ACADEMY**  
**STATEMENT OF FAITH**

The items below are from the Calvary Old Path Articles of Incorporation. They represent core doctrinal views of the church. Path Christian Academy, as a branch of that ministry, affirms these beliefs as stated below. As such the parents and students must also acknowledge these doctrinal and theological views.

Accordingly, parents and students of Path Christian Academy must know that these doctrinal views are to be taught accordingly when they are addressed in the curriculum. Personal views which run contrary to those stated below are incompatible to our stated ministry goals and we reserve the right to discontinue contractual obligations of or to parents and students, should those differences become a matter of contention.

We desire our parents and students to hold these values and understand these doctrines for themselves. We realize with age and maturity these matters will become more understandable. Any teaching about these matters will be age appropriate and in line with curriculum. It is our hope that they are also reinforced at home, thus our entire reason for providing the ministry of this school is to provide education based upon these common beliefs. Rejecting the essentials of these beliefs and doctrines may lead to dissent and lack of unity which exists everywhere outside of the faith. Our intent is to preserve unity based upon shared doctrinal and theological views, thus we request you carefully read, acknowledge and affirm, individually, each item below.

Please initial next to each statement that you have read and understand where Path Christian Academy stands on these relevant issues.

1. We believe that there is one living and true GOD, eternally existing in three persons: The Father, the Son, and the Holy Spirit, equal in power and glory; that this triune God created all, upholds all, and governs all things. (Genesis 1:1; Deuteronomy 6:4; Isaiah 44:8 and 48:16; Matthew 28:19-20; John 10:30; Hebrews 1:3)

Initial \_\_\_\_\_

2. We believe that the scriptures of the Old and New Testaments are the Word of God, fully inspired without error and the infallible rule of faith and practice. The Word of God is the foundation upon which this church operates and is the basis for which this church is governed. We believe that the Word of God supersedes any earthly law that is contrary to the Holy Scriptures. We believe that the King James Version of the Bible is the most accurate translation from the original ancient text. It is from this translation that we establish our doctrine and Statement of Faith. (Isaiah 28:13; Nehemiah 8:8; John 17:17; 2 Timothy 3:16-17; Hebrews 4:12; 1 Peter 1:23-25; 2 Peter 1:3-4 and 1:21)

Initial \_\_\_\_\_

3. We believe in the person of God the Father, an infinite, eternal, personal Spirit, perfect in holiness, wisdom, power and love; that He concerns Himself mercifully in the affairs of men; that He hears and answers prayer; and that He saves from sin and death all those who come to Him through Jesus Christ. (Deuteronomy 33:27; Psalms 90:2; Psalms 102:27; John 3:16 and 4:24; 1 Timothy 1:17; Titus 1:3)

Initial \_\_\_\_\_

4. We believe in the person of Jesus Christ, God's only begotten Son, conceived by the Holy Spirit. We believe in His virgin birth, sinless life, miracles and teachings, His substitutionary atoning death, bodily resurrection, ascension into heaven, perpetual intercession for His people and personal, visible return to earth. (Isaiah 7:14; Micah 5:2; Matthew 1:23; Mark 16:19; Luke 1:34-35; John 1:1-2, 8:58 and 11:25; 1 Corinthians 15:3-4; 1 Timothy 3:16; Hebrews 1:8; 1 John 1:2; Revelation 1:8)

Initial \_\_\_\_\_

5. We believe in the person of the Holy Spirit, Who came forth from the Father and Son to convict the world of sin, righteousness, and judgment, and to regenerate, sanctify and empower for ministry all who believe in Christ; (Acts 1:8; 2 Corinthians 3:18; John 16:8-11; Romans 8:26 and 15:13,16; Hebrews 9:14)

Initial \_\_\_\_\_

6. We believe the Holy Spirit indwells every believer in Jesus Christ and that He is an abiding helper, teacher, and guide. (John 6:13, 14:16-17 and 16:8-11; Romans 8:26)

Initial \_\_\_\_\_

7. We believe in the present ministry of the Holy Spirit and in the exercise of all Biblical gifts of the Spirit according to the instructions given to us in 1 Corinthians 12-14. (1 Corinthians 14)

Initial \_\_\_\_\_

8. We believe that all people are sinners by nature and, therefore, are under condemnation; that God saves and regenerates based upon faith by the Holy Spirit, those who repent of their sins and confess Jesus Christ as Lord. (Acts 8:15-17; Ephesians 2:1-3 and 8-9; Romans 3:23 and 5:8; Titus 3:5)

Initial \_\_\_\_\_

9. We believe Sanctification is part of the Christian life and is ongoing and demonstrable. We further believe that demonstrating that changed life is incumbent on every believer not as a work of the flesh, but of the Spirit. As such, believers should make it their practice to display holy conduct and not bring reproach against their professed beliefs or The God whom they represent. This includes but is not limited to participation in public actions, social networking, internet based programs and moral or spiritual compromise. (Deuteronomy 18:9-14; Romans 13:11-14; Galatians 5:13, 16; Philippians 4:8-9; I Timothy 4:12; II Peter 1:3-11; II Peter 3:11)

Initial \_\_\_\_\_

10. We believe in the universal church, the living spiritual body, of which Christ is the head and all who are born again are a part of the Body of Christ. (1 Corinthians 12:12-13; Ephesians 4:15-16; John 3:1-21)

Initial \_\_\_\_\_

11. We believe that the Lord Jesus Christ instituted two ordinances for the church: (a) full immersion water baptism of believers, and (b) the Lord's Supper. (Matthew 28:19; Luke 22:19-20; Acts 2:38; 1 Corinthians 11:23-26) We also believe that the Lord Jesus Christ validated the ordinance of marriage. (Matthew 19:4-5 and John 2:1-11)

Initial \_\_\_\_\_

12. We believe in the Second Coming of Jesus Christ which is His personal, visible return to earth and the establishment of His millennial kingdom, in the resurrection of the body, the final judgment and eternal blessing of the righteous and endless separation of the wicked. (Matthew 16:27; Acts 1:11; Revelation 19:11-16, 20:11-15)

Initial \_\_\_\_\_

13. We believe in a literal Heaven and a literal Hell and that all those who place their faith, hope and trust in Jesus Christ will spend eternity in Heaven with the Lord, while those who reject Jesus' free gift of salvation will spend eternity separated from the Lord. (Psalm 9:17; Matthew 5:3, 5:22, 18:9 and 25:31-34; Mark 9:42-49; Luke 12:5; John 3:18; Hebrews 12:23; 1 Peter 1:4; Revelation 14:10-11 and 20:11-15)

Initial \_\_\_\_\_

14. We believe in the Pre-Tribulation Rapture of the Church where all believers will meet the Lord in the air and be taken out of this world prior to the Tribulation that will come upon the earth. (Isaiah 26:20; Matthew 24:29-31; Luke 21:36; Romans 1:18, 5:9; 1 Thessalonians 1:10, 4:13-16 and 5:9; 2 Peter 2:7-9; Revelation 3:10, 5:7-10 and 7:13-14)

Initial \_\_\_\_\_



15. We believe in the God granted restoration of the nation of Israel to their ancestral land and right to govern the land God gave to them. Therefore we reject the doctrine of Replacement Theology (Supersessionism) and maintain that God is fulfilling His Covenant with Israel as scripture records. (Genesis 12:1-3, 15:18; Joshua 1:3-6; Jeremiah 30:3; Hosea 1:10-11; Zechariah 8:13) Initial \_\_\_\_\_

16. We believe in the creation and God as the Creator. We believe that God created man and that He created them male and female. As such He created them different so as to complement and complete each other. God instituted monogamous marriage between male and female as the foundation of the family and the basic structure of human society. For this reason homosexuality, and all other “sexual preferences” or “orientations” are unnatural, sinful, and unacceptable to God. Accordingly, this ministry will not condone or recognize such same-sex marriages, civil unions, or domestic partnerships even if the state passes laws that provide for recognition of such unions. Initial \_\_\_\_\_

17. We believe that marriage is exclusively the legal union of one genetically born male and one genetically born female sanctioned by the state and evidenced by a marriage ceremony. We also believe that legitimate biblical sexual relations are exercised solely within marriage. Hence, sexual activities such as, but not limited to, adultery, fornication, pre-marital sex, incest, polygamy, homosexuality, transgenderism, bisexuality, cross-dressing, pedophilia and bestiality are inconsistent with the teachings of the Bible and the Church. Further, lascivious behavior, the creation, viewing and/or distribution of pornography and efforts to alter one’s physical gender or gender related appearance are incompatible with a true biblical witness. (Genesis 2:24; Matthew 19:4-6; John 4:16-18; Romans 1:18-32; I Corinthians 5:11, 6:9-11, 6:18-20, 7:1-3 and 7:8-9; Galatians 5:19-21; Ephesians 5:3-7; 1 Timothy 1:9-11) Initial \_\_\_\_\_

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Student Name(s)

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Parent’s Signature Date

## STATEMENT OF PURPOSE

*Train up a child in the way he should go, and when he is old he will not depart from it.  
Proverbs 22:6*

Our educational program deals with each student's spiritual, intellectual, cultural, physical, and artistic needs. We attempt to equip Christian young people with a biblical view of life and train them for a life of service to God. Our goal is to help them grow, "in wisdom, in stature, and in favor with God and man" (Luke 2:52) with Christ as the example.

Path Christian Academy functions in cooperation with the home and church in providing a Christ-centered education. It is our desire to promote a strong relationship between family, church, and school.

Because we believe that all children are created in the image of God and are placed on earth to serve God and our fellow man, we, therefore, do not discriminate on the basis of gender, race, color, or national origin.

Our objectives for Christian education are as follows:

- To teach that the Lord Jesus Christ is the Son of God who came to earth to die for our sins and that it is necessary to be born again by the Spirit of God, by receiving the Lord Jesus Christ
- To teach that growth in the Christian life depends upon an intimate fellowship with God through reading the Bible and through prayer
- To provide the student with the skills and knowledge necessary to achieve academic excellence, thereby bringing glory to Jesus Christ
- To provide motivating and challenging experiences that will develop the creative skills, the talents and the abilities that the Lord has placed into each student.
- To teach the student his/her civic responsibility and to prepare him/her for adult responsibility as a citizen of our nation and as a citizen of heaven

Our expectations for all school families:

- To have an active church life
- To support the school's standards, policies and procedures and work together with it to provide Christian growth
- To support the school in prayer and by being active in school affairs and functions
- To faithfully meet all financial obligations

By signing this application I indicate agreement with the Statement of Faith and Statement of Purpose of Path Christian Academy of Cypress. I agree to fully support the church board, administration, and faculty in implementing Christian education.

Signature of both parents or guardians:

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_

**PASTOR'S QUESTIONNAIRE**  
**PATH CHRISTIAN ACADEMY**  
**5202 LINCOLN AVENUE**  
**CYPRESS, CA 90630**  
**(714) 236-1293**

School Year: 2018-2019

Parents: please fill out the following and make an appointment with your Pastor.

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Student's name Grade

---

Parent's name Phone Number

---

Address City Zip

---

Church City Zip

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Pastor:

Please read and answer the following questions:

The parents listed above have applied for acceptance into our school. It is our desire to work with you in a total evaluation of them prior to being accepted. Would you therefore aid us by answering the brief questionnaire below? In this way, we will gain more insight into the family in question. Please feel free to make a copy of this questionnaire prior to returning it to us and to share its contents with the family, if you so desire.

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1. Do you personally know the student/parent(s)?
  2. Has the student/parent(s) been in attendance for more than one year?
  3. Has their attendance been \_\_\_\_\_ 1, \_\_\_\_\_ 2, \_\_\_\_\_ 3-4, \_\_\_\_\_ 5-10, \_\_\_\_\_ 11 or more services per month?
  4. Is the student/parent(s) active in the work of the church? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  5. Based upon your personal knowledge of the student/parent(s) in question, would you recommend them to us?  
\_\_\_\_\_ Yes, \_\_\_\_\_ No If no, please explain: \_\_\_\_\_  
\_\_\_\_\_
- 
- 

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Pastor's Signature

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Pastor's Daytime Phone Number

Please return to:

Path Christian Academy  
P.O. Box 769  
Cypress, CA 90630



**PATH CHRISTIAN ACADEMY**  
**PRESCHOOL PROGRAM CONTRACT 2018 -2019**

(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 \_\_\_\_\_

**2 ½ (potty trained)-5 years old**

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\*\*Half Day Programs include one snack  
 Sibling Discounts: 2<sup>nd</sup> Child 15%, 3<sup>rd</sup> Child 25%, 4<sup>th</sup> Child 50%

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 ½ 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.

Signatures of both parents/guardians:

\_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_

**FOR OFFICE USE ONLY (see back)**

**FOR OFFICE USE ONLY:** \_\_\_\_\_ Start Date \_\_\_\_\_ Room \_\_\_\_\_ T-Shirt CASH/Check # \_\_\_\_\_

\_\_\_\_\_ **2 ½ (potty trained)-5 years old**  
**Preschool Program**

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

Days/Mo      Rate

\_\_\_\_\_ New Student Registration fee CASH/Check # \_\_\_\_\_

\_\_\_\_\_ Education Materials fee CASH/Check # \_\_\_\_\_

\_\_\_\_\_ X \_\_\_\_\_ =

\_\_\_\_\_ Fees – 5 day 3 day 2 day

\_\_\_\_\_ AM PM w/lunch  
w/out lunch

\_\_\_\_\_ Disc Applies 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup>

\_\_\_\_\_  
Sibling 1 Name Preschool / Elementary

\_\_\_\_\_  
Sibling 2 Name Preschool / Elementary

\_\_\_\_\_  
Sibling 3 Name Preschool / Elementary

**SCHOOL POLICY FOR ADMINISTRATION OF  
PRESCRIPTION AND NON-PRESCRIPTIVE MEDICINE**

The law allows any person to assist in carrying out a physician's recommendation. The school recognizes the desirability of following a physician's recommendation as closely as possible during school. The fact that this is a service or accommodation which the school is not legally required to perform is recognized by all parties signing this form, and in so signing they agree to hold the school and/or its personnel free from any or all law suits and legal claims which might arise out of these arrangements.

**PARENT RELEASE FOR ADMINISTRATION OF  
PRESCRIPTION AND NON-PRESCRIPTIVE MEDICINE**

It is understood that the school is not legally obligated to administer medication to my student and therefore, I agree to hold the school and its employees free from any and all responsibility for the results of such medication or the manner in which it is administered, and to indemnify each of them against loss by any reason of any civil judgment arising out of these arrangements which may be rendered against them.

We, the undersigned, who are parents of \_\_\_\_\_ request that medicine be administered to our student in accordance with our instructions by a member of the school staff.

Signature of Parent or Legal Guardian	Date	Signature of Parent or Legal Guardian	Date
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**MEDICATION DURING SCHOOL HOURS**

**If medication needs to be taken during school hours the following procedures must be followed:**

1. All medication requires a signed release from the parent for school personnel to administer the medication. Prescriptive medicines require a specific signed release form which may be obtained in the school office or from the day care aide.
2. All medication must be brought to the school office by an adult (i.e. parent or day care aide).  
**No student may carry any medication on their person or in their belongings.**
3. Aspirin-free pain reliever (i.e. Tylenol) may be administered to the student if deemed necessary by the office staff, if parental consent is on file, and parent is notified by phone prior to administering.
4. No medication will be given to any student unless it is in the original bottle/box on which it states that it is age appropriate for that child. Prescribed medicine must be in the prescription bottle and have the child's name on it.

**LEGAL CUSTODY LETTER**  
**RELEASE OF LIABILITY**

To whom it may concern,

Please be informed that Path Christian Academy does not have the legal authority to prohibit or restrict the natural parent's access to a student's records or physical contact with that student in relationship to a custody case unless the legal papers are on file with the school office. The school can only carry out the instructions specified in the final custody papers, divorce decree, court order or restraining order.

If there are conditions which prohibit either natural parent from physical custody of the student, it is the responsibility of the parent who has legal custody to provide the school with the PROPER PAPERS.

\_\_\_\_\_  
Signature of Both Parents or Legal Guardians

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Both Parents or Legal Guardians

\_\_\_\_\_  
Date



*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.



Office Use Only
CI/NPC/ER

# Student Information Card

Grade: / Rm:	Start Date:
Gender:	Birth Date:

**Student's Name:** \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

**Primary Contact Person** \_\_\_\_\_ **Secondary Contact Person** \_\_\_\_\_

Father's Information
Name:
Daytime Phone:
Cell Phone:

Mother's Information
Name:
Daytime Phone:
Cell Phone:

Step - Parent Information
Name:
Daytime Phone:
Cell Phone:

List any SPECIAL CIRCUMSTANCES AND/OR CUSTODY problems:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**PRIMARY EMAIL:**

**PRIMARY MAILING ADDRESS:**

Street: \_\_\_\_\_

City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_ Single Parent \_\_\_\_\_ Remarried \_\_\_\_\_

School Last Attended: \_\_\_\_\_  
Name Address

Church in which parents are members/regularly attend: \_\_\_\_\_

Do you want your phone number available to other parents: YES / NO

Has your child ever been suspended from school or placed on probation? YES NO explain: \_\_\_\_\_

Are there special needs or circumstances that we should be aware of? \_\_\_\_\_

List authorized adults (18 years or older) to whom your child may be released to in case of an EMERGENCY OR ILLNESS if parent is unable to be reached. (Must list at least 2 names).

Name	Daytime #	Cell #	Relationship

(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, Hypertensives (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