

**PINEHURST CHRISTIAN SCHOOL AND CHILD DEVELOPMENT CENTER**  
4217 St. Marys Road, Columbus, Georgia 31907 / 706-689-8044

**SUMMER 2020 - APPLICATION FOR ADMISSION**

**June 1, 2020 - July 24, 2020**

**\*\*This form is only for students ALREADY attending Pinehurst Christian School.**

**\*\*New enrollees must complete the Application for Admission (5 pages).**

**This cover sheet becomes a part of your 2019 - 2020 Application for Admission. All information in that application is considered valid unless changed by the parent or guardian.**

Child's Name \_\_\_\_\_  
(Last) (First) (Middle)

Home Address \_\_\_\_\_  
(Street) (City & State) (Zip Code)

Telephone \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Grade or age group your child was in during the 2019 - 2020 school term (circle one):

**K3    K4    K5    First    Second    Third    Fourth    Fifth    Sixth**

\_\_\_\_\_ My child will attend **school only** (K3 and K4, 8:15 A.M. - 11:45 A.M. / Kindergarten, 8:15 A.M. - 2:45 P.M. Elementary, 8:15 A.M. - 2:45 P.M.)

\_\_\_\_\_ My child will attend **school and morning day care** (6:30 A.M. until school begins - \$2.50 per hour)

\_\_\_\_\_ My child will attend **school and day care** (Available hours: 6:30 A.M. - 6:30 P.M.)

**KINDERGARTEN AND ELEMENTARY STUDENTS ONLY:**

\_\_\_\_\_ My child will eat lunch provided by the school    \_\_\_\_\_ My child will bring lunch from home

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent or guardian with whom the child lives \_\_\_\_\_

**CHILD'S HEALTH RECORD**

Does your child have special health problems (asthma, allergies, etc.), physical problems, or developmental disabilities?  
Yes \_\_\_ No \_\_\_ If yes, please specify the allergy or problem, symptoms, and procedure for care:

**Allergies** \_\_\_\_\_

**Problems** \_\_\_\_\_

**Symptoms** \_\_\_\_\_

**Procedure** \_\_\_\_\_

**Child's Doctor and Phone Number** \_\_\_\_\_

**Hospital in case of emergency** \_\_\_\_\_



\_\_\_\_\_  
(Parent/Guardian's Signature)



\_\_\_\_\_  
(Date Signed)

**PINEHURST CHRISTIAN SCHOOL AND CHILD DEVELOPMENT CENTER  
(SUMMER 2020)**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**PLEASE READ CAREFULLY AND COMPLETE ALL INFORMATION**

The names of the persons authorized to pick up the above named child should be listed below. This list should include the name of the parent or guardian completing this enrollment application, along with any other parent, stepparent, guardian, or other individuals who have been given permission to pick up the child. **Only the persons listed below may pick up the student unless the office is notified of any changes.**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Relationship to child \_\_\_\_\_

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**EMERGENCY INFORMATION**

Person from the **above list** to contact **first** if parent(s) cannot be reached.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

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**FINANCIAL POLICIES (Please read carefully)**

1. A **\$70.00** materials and insurance fee is due with this application. This fee is not refundable.
2. Monthly tuition and extended care charges are due on the first calendar day of the month. A late payment fee of **\$40.00** is required with all payments received after the fifth calendar day of the month. If the fifth calendar day of the month falls on a Saturday, Sunday, or holiday, payment may be made the next school day without a late payment fee.
3. If tuition and extended care charges are not paid in full by the fifteenth calendar day of the month, an additional late payment fee of **\$50.00** will be added to the child's account and the child **will not** be allowed to attend school until the account becomes current. If a student becomes suspended for nonpayment, there will be a \$50.00 reinstatement fee each time the student enters and returns from the suspended status.
4. **Monthly tuition and extended care charges will not be reduced or prorated for days absent due to illness, vacation, withdrawal from the program, or any other reason. If a child attends one day or more of June or July, the full tuition and extended care charges for that month will be due. The Summer Program ends Friday, July 24, 2020.**

Permission is granted to meet the needs of my child in case of an emergency. I understand the financial policies listed above. I understand the school administration may ask me to make other arrangements for my child's care if uncorrectable behavior problems occur.



\_\_\_\_\_  
**(Parent/Guardian's Signature)**



\_\_\_\_\_  
**(Date Signed)**