

Office Use
GRADE _____
TEACHER _____
START DATE _____

Summer 2019 (New Student) School Term 2019 - 2020

APPLICATION FOR ADMISSION

Child's Name _____
(Last) (First) (M iddle)

Home Address _____
(Street) (C ity & State) (Z ip Code) (County)

Telephone _____ Date of Birth _____ Age _____ Sex _____

Grade or age group your child was in this **PAST SCHOOL TERM** (circle one):

K3 K4 K5 FIRST SECOND THIRD FOURTH FIFTH

Did your child participate in our program this past school term? Yes _____ No _____

If not, where did your child attend? _____
(Name and Address of School or Day Care Center)

Has your child ever repeated a grade? Yes _____ No _____

Father's Name _____ **Father's email** _____

Address if different from above _____
(Street) (City & State) (Zip Code)

Employer and work address _____

Work Phone _____ Cell P hone _____

Mother's Name _____ **M other's email** _____

Address if different from above _____
(Street) (City & State) (Zip Code)

Employer and work address _____

Work Phone _____ Cell P hone _____

PARENT OR GUARDIAN WITH WHOM THE CHILD LIVES _____

My child will attend:

*School Only _____

*School & Morning Day Care _____ (6:30 A.M. until school begins - \$2.50 per hour)

*School & Morning and Afternoon Day Care _____ (Available hours: 6:30 A.M. until 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

✓ _____
(Parent/Guardian's Signature)

✓ _____
(Da te Signed)

AUTHORIZED CHILD PICK UP INFORMATION (2019 - 2020)

Child's Name _____

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 _____ P hone Number _____

Address _____

Relationship to child _____

Name _____ P hone Number _____

Address _____

Relationship to child _____

Name _____ P hone Number _____

Address _____

Relationship to child _____

Name _____ P hone Number _____

Address _____

Relationship to child _____

EMERGENCY INFORMATION

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

Name _____ P hone Number _____

Sibling attending Pinehurst Christian School:

Name	Age	Entering Grade

✓ _____
(Parent/Guardian's Signature)

✓ _____
(Date Signed)

CHILD'S HEALTH RECORD (2019 - 2020)

Child's Name _____ Date of Birth _____

Does your child have any food allergies? Yes _____ No _____
If yes, indicate the food(s) to which your child is allergic (**be specific**): _____

What negative reaction does your child have to the food(s) listed above: _____

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

Problem _____

Symptoms _____

Procedure _____

Does your child regularly take any medications? Yes _____ No _____
If yes, please specify the medication and the medical condition that requires your child to take this medication.

Prescription Medication - A permission form must be completed if the school staff needs to administer prescription medication.
Staff will not dispense non-prescription medications.

EMERGENCY MEDICAL AUTHORIZATION

Should my child suffer an injury or illness while in the care of Pinehurst Christian School and Child Development Center, and the staff are unable to contact me immediately, the school personnel shall be authorized to secure such medical attention and care for the child as may be necessary. **I shall assume responsibility for payment for services. I understand that the insurance carried by the school is secondary coverage.**

My child's primary source of health care is:

PHYSICIAN'S NAME

TELEPHONE NUMBER

HOSPITAL

TELEPHONE NUMBER

CONDUCT

Has your child ever been dismissed from a school or childcare facility for behavioral reasons? Yes _____ No _____

Has your child been suspended from school? Yes _____ No _____

I understand that I may be required to make other arrangements for my child's education and care if uncorrectable behavior problems occur.

✓ _____
(Parent/Guardian's Signature)

✓ _____
(Date Signed)

PINEHURST CHRISTIAN SCHOOL AND CHILD DEVELOPMENT CENTER

Child's Name _____

ENROLLMENT FEE (Due when enrollment application is submitted)

_____ I understand that when I submit the completed enrollment application (summer and / or fall school term) for my child to attend Pinehurst Christian School and Child Development Center, I must also pay the full **enrollment fees (Registration, Books/Materials, and other applicable fees)** in order for the enrollment process to be finalized. ***THE REGISTRATION FEE DOES NOT INCLUDE TUITION FEES, WHICH ARE PAID SEPARATELY. REGISTRATION FEES ARE NON-REFUNDABLE. BOOK/OTHER FEES ARE NON-REFUNDABLE AFTER MAY 31, 2019.***

TUITION FEE (Due when school begins)

_____ I understand that the **tuition fee** for my child to attend Pinehurst Christian School and Child Development Center is due the **first day** of the fall school term (*August 5, 2019*) and, if applicable, the first day of the summer program (*June 3, 2019*). The annual tuition fee for the fall school term can be paid in one full payment or in ten equal monthly payments due the first (1st) calendar day of each month. See the Parents Handbook for additional information regarding tuition payments.

_____ I understand that a late payment fee of \$40.00 per student is required with all payments received after the **fifth (5th) calendar day** of the month and, an **additional** late payment fee of \$50.00 per student is required with all payments received after the **fifteenth (15th) calendar day** of the month. If tuition charges are not paid in full by the **twenty-first (21st) calendar day of the month**, the student will be suspended and not be permitted to attend school until the balance becomes current. If a student becomes suspended, there will be a \$50.00 reinstatement fee each time the student enters suspended status.

*****Parent Orientation for the 2019 - 2020 school term will be held at 7:00 P.M. on Thursday, August 1, 2019. We request at least one parent attend this important meeting.**

*****A letter providing information about your child's class assignment will be mailed to you approximately one week prior to the beginning of the summer and / or 2019 – 2020 school term.**

*****The Parents Handbook is available on our website:
(www.pinehurstchristianschool.com)**

(Parent/Guardian's Signature)

(Date Signed)

(School Representative)
Original Copy: School

(Date Signed)
Duplicate Copy: Parent