

PIKE CHRISTIAN ACADEMY 2022/23
PRESCHOOL

Full time ___ approximate arrival time _____ Date of Enrollment _____
Part time ___ approximate pick-up time _____ **Parent email address** _____
M T W T H F _____ Boy _____ Girl

Student's name _____ Date of Birth _____
Address _____
Student's Social Security # _____ Nationality* _____
**Optional-Pacific Islander, African American, Hispanic, Asian, White, Other*
Church now attending _____ Pastor _____
School District of Residence _____
Last school attended _____ Address _____

If parents are divorced or separated, who has legal custody of the child? _____ Is either parent forbidden by court order from having equal access to the child or the child's records? _____. If yes, please submit written documentation with application.

Father's name _____ Home phone _____
Home address _____
Street City State Zip
Father's occupation _____ Employer _____ W. phone _____
Church father attends _____ Pastor _____
Marital status ___ married ___ separated ___ divorced ___ widowed ___ single

Mother's name _____ Home phone _____
Home address _____
street city state zip
Mother's occupation _____ Employer _____ W. phone _____
Church mother attends _____ Pastor _____
Marital status ___ married ___ separated ___ divorced ___ widowed ___ single

Emergency Contacts: Beeper/cell phone: Father _____ Mother _____

EMERGENCY CONTACTS/RELEASE OF STUDENTS: In the event a parent cannot be reached, please list three emergency contacts that have your permission to pick up your child:

Name _____ Phone _____ Relationship _____
Address _____

Name _____ Phone _____ Relationship _____
Address _____

Name _____ Phone _____ Relationship _____
Address _____

****ALL STUDENTS ARE REQUIRED TO HAVE A CURRENT SHOT RECORD AND MEDICAL STATEMENT ON FILE BY THE FIRST DAY OF SCHOOL. MEDICAL STATEMENTS ARE VALID FOR ONE CALENDAR YEAR FROM EXAM DATE.**

Pike Christian Academy
Emergency Medical Authorization Form
(Ohio Revised Code 3313.712)

School Building: _____ Student Name: _____
School Year: 2022/23 Address _____
Grade _____
Parent Email: _____ Parent Telephone: _____

Purpose: Emergency Medical: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.
Residential Parent or Guardian Mother's Name _____ Daytime Phone: _____
Residential Parent or Guardian Father's Name _____ Daytime Phone: _____
Name of Relative or Childcare Provider _____ Daytime Phone: _____
Relationship to Child _____ Address _____

Allergies (foods, medications, environmental, etc.) _____

If your child takes any medications, please list medication and reason taken

Please list any health problems you wish the school to know. _____

Please check any of the following your child has had or currently has:

____ Heart Disease	____ Measles	____ Rheumatic Fever	____ Mumps
____ Diabetes	____ Tuberculosis	____ Epilepsy	____ Asthma
____ Chicken Pox	____ Other _____	____ None	

Permission to Transport Child:

Complete either Part I or Part II below. **Do not complete both.**

Part I. – To Grant Consent

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone _____
Dentist _____ Phone _____
Medical Specialist _____ Phone _____
Local Hospital _____ Phone _____
Emergency Room Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted are: _____

Date _____ Signature of Parent/Guardian _____

Part II. Refusal to consent:

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action: _____

Date _____ Signature of Parent/Guardian _____

ONE-CALL NOW

Please list three phone numbers that you would like to have listed for the one-call program. (Automated calling service alerting parents to: reminders of school events, school closings, early dismissals, school emergencies, etc.)

Phone # 1: _____

Phone # 2: _____

Phone # 3: _____

PERMISSION TO TRANSPORT FIELD TRIPS, PRACTICES

Each year, we transport our students to New Covenant Church to practice for the Christmas program and graduation/closing ceremonies. Please sign below, giving us permission to transport your child/children for these practices. This will eliminate the need to secure signed permission slips each time we do this.

I give permission for my children:

- 1.
- 2.
- 3.

to be transported to New Covenant Church (or the designated practice spot) for the purpose of practicing for the Christmas program and graduation/closing ceremonies.

I will not hold the school or any volunteer driver responsible in the event of an accident.

___ I am willing to help transport children to and from these practices.

_____ Signature of parent(s)/guardian Date _____.

SCHOOL ROSTER

I give permission for our name, address and phone number to be posted on the classroom roster.

_____ Signature of parent(s)/guardian Date _____.

MEDIA PERMISSION SLIP

PCA often advertises in the newspaper, etc. We also like to submit articles, with pictures, about events that happen here at school. We may also desire to post school pictures on our school website. Please indicate your preferences below, giving us permission to use your child's picture in our advertisement.

Thank You

Student Name _____ I/We give permission for the above named student's picture to be used in newspaper articles, advertisement, etc. Please check only those media outlets that you approve. ___

___ Newspaper advertisement ___ Newspaper activity articles ___ School web site postings

Signature of Mother

Signature of Father

Parent Agreement

As a parent of a student enrolled in the Pike Christian Academy Preschool, I hereby agree to the following:

I have read and been given a copy of the Basic School Rules, Discipline Policy, Tuition and Fees, and the Statement of Faith. . I agree to support the rules of the school, their discipline policy and do not oppose their Statement of Faith being taught to my child.

I understand that the PCA Preschool operates on a pre-pay basis and I will pay accordingly. I agree to pay tuition charges according to the designated schedule. **I understand that registration and book fees are due at the time of registration, and that the first month's tuition is due by September 1st.**

I understand that the mission of Pike Christian Academy is to provide a quality education without compromise to all seeking a Christ-centered environment; to challenge students to submit to the Lordship of Jesus Christ; and to motivate students to develop spiritually, intellectually, socially, culturally and physically. My signature below indicates that I am seeking a Christ-centered environment for my child's education and I will cooperate with the school in accomplishing the goals of this mission in the life of my child.

Mother's signature

Date

Father's signature

Date

Failure to cooperate with the terms of this agreement will result in the withdrawal of your child from Pike Christian Academy.

MEDICAL STATEMENT

2022/23

This is to certify that I have examined

(child's name) _____

DOB (month/day/year), _____ on _____

Date

- Medical statement is not valid without a date

And have found that the child had the immunizations required by Section 3313.671 of the Revised Code for admission to school, or has had the immunization required by the state department of health for infants and toddlers or is to be exempted from these requirements for medical or religious reasons.

Vaccine for	Date	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria, Tetanus, Pertussis						
Hepatitis B						
Haemophilus b						
Measles, Mumps, Rubella						
Polio						
Varicella, Zoster (chickenpox)						

Based upon his medical history and physical condition at the time of this examination, the child is free from communicable disease and is in suitable condition to receive child care.

Print Name of Physician

Signature of Physician

Street Address

City

State

Zip Code

(____)_____
Telephone number

**PIKE CHRISTIAN ACADEMY PRESCHOOL
Tuition and Fees 2022/23**

Registration Fee:

\$40.00 per child
\$55.00 per family

Book Fee: \$60.00

Beginning July 1st, Registration will be \$60 per child, \$75 per family and books will be \$80.00

Registration and book fees are to be paid before the first day of school.

Part time: \$290.00 per month (this can consist of 5 mornings or 3 full days)

Full time: \$330.00 per month

Lunch: \$3.00 per day (subject to change after lunch program audit)

There is a minimum of \$290 per month; (which is equivalent to \$72.50 per week or \$14.50 per day and full time rate is equivalent to \$82.50 per week or \$16.50 per day).

PRE-PAY: All preschool accounts are on a **PRE-PAY** basis. Payment is due at the beginning of each month beginning with **September 1st and the last payment being on May 1st**. Any unpaid balance will be subject to a service charge. Any account not paid in a timely manner will result in your child not attending preschool until the account is paid in full.

HOURS OF OPERATION: We are open from 6:30 a.m. to 5:30 p.m. In the event that an emergency arises that keeps you from picking up your child on time (5:30) you will be charged \$5.00 per child for up to 15 minutes late. For 16-30 minutes late you will be charged \$10.00 per child. Repeated late pick-ups may result in withdrawal of your child from Pike Christian Academy.

MEALS: 2 snacks (morning and afternoon) are included with tuition.

A hot lunch is available for \$3.00 per day.

NONDISCRIMINATION POLICY

“The governing board of the Pike Christian Academy School located at 400 Clough St in Waverly, Ohio, 45690 has adopted the following racial nondiscriminatory policies.”

“The Pike Christian Academy School recruits and admits students of any race, color or ethnic origin to all its rights, privileges, programs and activities. In addition, the school will not discriminate on the basis of race, color or ethnic origin in the administration of its educational programs and athletics/extracurricular activities. Furthermore, the school is not intended to be an alternative to court or administrative agency ordered, or public school district initiated desegregation.”

“The Pike Christian Academy School will not discriminate on the basis of race, color, or ethnic origin in the hiring of its certified or non-certified personnel.”

BASIC SCHOOL RULES

The following list of school rules are those essential policies of which we require all our students to be aware and to which they are expected to adhere.

1. Students are expected to cooperate with basic Christian standards of behavior, etiquette and conversation.
2. Teachers and staff are to be treated with respect. There should be no talking back or arguing. Prompt and cheerful obedience is expected. Requests from the teachers should not have to be repeated.
3. No chewing gum, video games, giga pets, guns, or knives or anything that is determined to be a distraction from learning is allowed on school grounds.
4. Students are expected to treat all of the school's materials and facilities, as well as the belongings of others, with respect and care. This includes all text books distributed to students. (Parents will be charged for lost or damaged books).

ILLNESS POLICY

This policy shall be in effect for all students at Pike Christian Academy (Preschool – Twelfth Grade). The purpose of this policy is to keep the transmission of illnesses among the children to an absolute minimum.

If your child has had vomiting, diarrhea, or fever of 100.0 or higher (that would be 99.0 under the arm) after 4:00 pm of the previous day, do not send them to school. If your child has gone to the doctor and has been prescribed an antibiotic, they may not return to school until they have been taking the antibiotic for at least 24 hours.

If your child has head lice, they may not return to school until all nits are removed from the hair, even if the child has been treated.

Please be informed that if your child becomes ill at school (vomits, develops a fever of 100.0 or higher, has diarrhea or head lice is found) you will be called and expected to pick up your child in a timely manner. We really do not have adequate space for taking care of a sick child and cannot leave the child in contact with the other children.

DISCIPLINE POLICY

The preschool teacher or latchkey provider is responsible for classroom discipline. The administrator will intervene when asked to do so or if a child exhibits any of the following behaviors:

1. Physically harming another child or staff member.
2. Disrespectful to other's property or school property.
3. Deliberately disobeying instructions or school rules.
4. Disrespectful to a teacher or other staff member.
5. Inappropriate language.

Each classroom has posted a set of rules. Each child will be taught what they are and will be expected to follow them. When disciplinary actions must be taken, it will be explained to the child what behavior was inappropriate and why.

Several forms of discipline are used. **First**, removing a child from the situation is known as time out. The child will be separated from the situation for 1 minute for every year of age. Upon returning to activity, the child will explain the reason for time out.

Second, denial is used as another method. The child will not have the opportunity to play with or participate in activity taking place, and/or be with a particular person. The limited time frame will be determined by the severity

and history of the inappropriate behavior. An explanation to the child will be offered as to the reason for being denied something.

Third, any consistent behavior problem will be brought directly to the parents and administrator's attention by the care provider. A conference will be held to determine what other actions can be taken to hinder inappropriate behavior of the child.

Fourth, if a child's behavior becomes detrimental to his health, other children, teachers or staff members, a child may be withdrawn from the preschool. Individual cases will be discussed with the board to suspend or terminate enrollment of the child.

Withholding food, drinks, sleep, or toilet facilities are **not** forms of discipline. No restraints, harsh or cruel techniques will be used. Children will not be placed in an enclosed area, such as a closet. Discipline techniques will not harm, embarrass or frighten a child.

Discipline is to correct inappropriate behavior at a given moment, but is also to help strengthen the desire to do what is right and good according to the standards of God's Word. We want the child to understand why something is appropriate or inappropriate.

It is our desire to be an extension of the home. If a particular discipline works with your child at home and you would like for that discipline to be exercised at PCA, please explain on the parent agreement form, and within the limits of our policies, we will try to help you maintain the consistency of discipline you desire for your child.

Statement of Faith

The following is a list of doctrines and beliefs held to and taught at Pike Christian Academy:

1. The Bible is the only infallible, authoritative Word of God, and contains all that is necessary for our salvation.
2. There is one God, eternally existent in three Persons: the Father, the Son, and the Holy Spirit.
3. Jesus Christ is the only begotten Son of God. He was conceived of the Holy Spirit and born of the Virgin Mary. He was truly human (but without sin) and truly God. He performed miracles and made atonement for our sins through his substitutionary death on the cross. He rose from the dead and ascended to the Father and He will return in power and glory to judge the living and the dead.
4. Salvation is by grace alone through faith in Jesus Christ.
5. Faith without works is dead.
6. All human beings are sinners and must be born again through the grace of Jesus Christ and the power of the Holy Spirit.
7. The Holy Spirit indwells Christians to equip them to live a godly life and build up the body of Christ.
8. All believers are spiritually one in Christ.
The redeemed of the Lord will experience a bodily resurrection and eternal life through Jesus Christ.