



Power Christian Academy 2020-21
Student Enrollment Packet

PCA OFFICE USE ONLY
Received by: _____
Date turned in: ____/____/____

REQUIRED DOCUMENTATION
CHECKLIST FOR PARENTS/GUARDIANS:
 Original Birth Certificate
 Social Security Card
 Immunization Record

Parents and legal guardians of minor children are asked to complete this form and return it to Power Christian Academy or send it to info@powerchristianacademy.com. The information requested is designed to assist the school in providing for the safety of minors during school sponsored activities or programs.

PLEASE PRINT NEATLY

STUDENT INFORMATION

Child's Full Name (please print): _____
Last Name First Name Middle
Date of Birth: ____/____/____ Age as of August 10, 2020: ____ SSN: ____-____-____
Home Address: _____ City: _____ State: ____ Zip: _____
Last School Attended: _____ City: _____ State: _____
Date of Withdrawal (if not at the end of the former academic year): _____
Last Grade Completed: _____ Gender: __F __M
School District to which family pertains: UISD LISD Other: _____

STUDENT MEDICAL INFORMATION

Student's Physician: _____ Physician's Phone Number: _____
Health Insurance Provider: _____ Policy number: _____
Food Allergies: (Mark all that apply)
 Gluten Peanuts Fish
 Milk Soy Shellfish
 Eggs Wheat NO ALLERGIES
 Nuts. Please specify: _____
 Environmental Allergies: _____
 Others: _____











Medical/Physical information the school needs to know about your child:

I, the undersigned parent/guardian, hereby grant the staff of Power Christian Academy the authority to obtain medical treatment for the child listed above. This includes authorization to obtain medical treatment and procedures for the child as may be appropriate in emergency circumstances, including treatment by physicians, hospital, clinic, and paramedic personnel. I waive my right to informed consent of treatment, only in the event that I cannot be reached.

Parent/Guardian Name (PRINT) Signature Date

STUDENT RELEASE INFORMATION

List all adults that have your permission to pick up your child at school.

_____	_____	_____ () _____ () _____
Last Name	First Name	Relationship () _____ () _____
		 
_____	_____	_____ () _____ () _____
Last Name	First Name	Relationship () _____ () _____
		 
_____	_____	_____ () _____ () _____
Last Name	First Name	Relationship () _____ () _____
		 
_____	_____	_____ () _____ () _____
Last Name	First Name	Relationship () _____ () _____
		 
_____	_____	_____ () _____ () _____
Last Name	First Name	Relationship () _____ () _____
		 

CHURCH MEMBERSHIP

Name of Church: _____ Name of Pastor/Priest: _____
Is Father a Christian? ___ Yes ___ No Is Mother a Christian? ___ Yes ___ No
Has the student ever made a profession of faith in Christ? ___ Yes ___ No
 My family and I do not go to church.

How did you hear about Power Christian Academy?

Reason for selecting this school.

CONFIDENTIAL RECORD RELEASE

Please write your initials next to each statement.

____ I authorize my child's present and/ or previous school to release any information needed that might be required to support his/her application process to Power Christian Academy.

____ I understand and commit to submit this application and all necessary documentation to the school office upon registration, including the disclosure of all behavior/disciplinary reports.

____ I understand and agree that if any of the information provided in the enrollment process is false, the student will be automatically withdrawn from Power Christian Academy without any monetary reimbursement.

Parent/Guardian Name (PRINT)

Signature

Date

MEDIA RELEASE FORM

I, _____, grant my permission to Power Christian Academy, its employees and agents, to take and use images of my child _____.

Parent/Guardian Name

Name of child

Images are any type of recording, including but not limited to photographs, digital images, drawings, rendering, voices, sounds, or videos recordings. I agree that Power Christian Academy owns the images, ad all rights related to them. The images may be used in any manner or media without notifying me, such as school's publications, promotions, broadcasts, advertisement, posters and theater, as well as for Dunamis Ministries' uses. I waive on behalf myself, my son(s)/daughter(s) to inspect the finished images or any printed or electronic matter that may be used with them, or to be compensated by them.

I release Power Christian Academy and its employees and agents, including any firm authorized to publish and /or distribute a finished product containing the images, from any claims, damages or liability which I may ever have in connection with the taking of use or the images or printed material used with the images.

Parent/Guardian Name (PRINT)

Signature

Date

PARENTAL CONTRACT

- I understand that the school program is an integral part of child training of which I am expected to support.
- I understand that my child is expected to take part in school activities, including physical education classes, school sponsored field trips away from the school campus, and I absolve the school from liability in case of accident or injury to my child at properly supervised school activities.
- I agree to uphold and support the academic standards of the school by providing a place at home for my child to study and by encouraging my child in the completion of any homework or assignments.
- I appreciate the standards of the school and will not tolerate profanity, obscenity in word or action, dishonor to the Godhead or the Word of God, or disrespect to the school staff or administration from my child(ren) attending Power Christian Academy.
- I agree to respectfully support all rules, policies, and regulations published in the school handbook in the applicant's behalf and authorize the school to employ discipline as it deems wise and expedient for the training of my child.
- I understand that the school administration has the right to do random checks of my child's personal property for any inappropriate or illegal materials as long as my child is present during the search in order to provide a safe environment for learning.
- I understand that the school administration has the right to ask parents to have their teen-aged child randomly drug tested throughout the school year a minimum of one time and a maximum of four times in order to provide a safe environment for learning.
- I understand that the school reserves the right, after a parental conference, to dismiss any child who fails to comply or support any established regulations and discipline or whose parents do not assume their responsibilities to the school or respectfully support the staff and administration of Power Christian Academy.
- I agree to meet my financial obligations to the school and understand and agree to the terms stated on the school's Parent and Student Policies Handbook and application forms.

Parent/Guardian Name (PRINT)

Signature

Date

TUITION CONTRACT

This contract becomes effective upon the signature of the parent(s), upon acceptance Power Christian Academy and upon payment of the non-refundable enrollment application and student fee. This contract contains the full agreement of the parties and no representation or assurance, whether verbal or written, shall affect or alter the obligation of either party hereto.

PAYMENTS

Payments are due on the FIRST day of each month and a \$25.00 late fee will be applied to all installments received AFTER THE FIFTH DAY of the month. Automatic payments are available.

Failure to successfully make the agreed payments or any other pending fees will automatically result in the suspension of the student's participation in all school sponsored activities, and the withholding of all of the student's official and administrative documents.

The undersigned parent(s) agree to pay reasonable attorney's fees and collection agency cost to Power Christian Academy, in the case they continue to fail payment.

WITHDRAWAL

Please initial before every statement below.

____ I understand that by registering my child for the school year effective August 2020, and by paying the non-refundable application and student fee, a space will be reserved in the applicable class specifically for my child.

____ I understand that withdrawing during the academic year will cause difficulty for the school, since student spaces cannot or may not be filled. I also recognize that as a private school, Power Christian Academy's budget is based on tuition revenues and contributions.

____ Therefore, I specifically agree that once my (our) child is registered and guaranteed a space, if my child is withdrawn or dismissed for any reason, I am (we are) obligated to forfeit the non-refundable deposit and pay for any outstanding tuition and/or fees through the end of the school year.

____ I understand that if yearly tuition is paid in full, money will not be reimbursed.

ENFORCEABILITY

This tuition contract shall be interpreted and enforceable under the laws of the State of Texas. If any portion of this contract is found to be unenforceable by a court of law, the remainder of said contract shall remain in full force and effect. (Please initial before every statement below.)

____ I agree to abide by the said above information.

____ I further acknowledge that transcripts, diplomas, grades, etc. will not be released until all financial obligations under this tuition contract have been satisfied.

____ In the event that my child transfers to another school, I understand and agree that transcripts cannot be provided to that school until all financial obligations under this tuition contract have been satisfied.

Parent/Guardian Name (PRINT)

Signature

Date

FUNDRAISING PARTICIPATION CONTRACT

Please initial before every statement below

____ I understand that it is a requisite and commit to participate in both, Fall and Spring, Power Christian Academy's fundraising events.

____ I understand and commit to pay a fee of \$150.00 in the event that I fail to participate in a fundraising event. This fee applies to every fundraising event in which a parent does not participate. This fee is expected to be paid off within 30 days after the notification of said fee was sent.

Parent/Guardian Name (PRINT)

Signature

Date