



# Providence Christian Academy

A ministry of The Church at River Oaks

## 2020 - 2021 Application for Admissions

**STUDENT'S LEGAL NAME:** \_\_\_\_\_

**Grade Entering:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Application Date:** \_\_\_\_\_

**Name child will go by:** \_\_\_\_\_ **Resides with:** \_\_\_\_\_

**List all schools attended in the last four years:**

School Address	City/State/Zip	Dates	Grades
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Diagnosed learning difference:** \_\_\_\_\_

**Date of original diagnosis:** \_\_\_\_\_

**Most recent assessment date:** \_\_\_\_\_

**Student is enrolling for the following:**

Full day classes

Tutoring

Take Flight

Has your child ever:

- |  |   |
|--|---|
| <input type="checkbox"/> Repeated a grade            | <input type="checkbox"/> Failed any portion of the most recent STAAR test |
| <input type="checkbox"/> Attended summer school      | <input type="checkbox"/> Had extended absences from school                |
| <input type="checkbox"/> Had disciplinary difficulty | <input type="checkbox"/> Had emotional, mental, or physical handicaps     |
| <input type="checkbox"/> Been suspended              | <input type="checkbox"/> Been expelled                                    |

Please describe any difficulties your child is currently experiencing in school:

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## Family Information:

**Father/Guardian:** \_\_\_\_\_

Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip) \_\_\_\_\_

E-mail (home) \_\_\_\_\_ (work) \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

**Mother/Guardian:** \_\_\_\_\_

Address (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (Zip) \_\_\_\_\_

E-mail (home - \_\_\_\_\_ (work) \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Please list any siblings and current grade:

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THE FOLLOWING PEOPLE HAVE PERMISSION TO PICK UP MY CHILD AFTER SCHOOL

Name \_\_\_\_\_

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

Name \_\_\_\_\_

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

## **PROVIDENCE CHRISTIAN ACADEMY**

### **COMMITMENT TO COOPERATIVE EFFORT**

**As a parent at Providence Christian Academy, I will strive, with God's help, to uphold the following standards so that Christ will be honored in this ministry:**

1. I will join with the school and in helping my children to make a personal commitment to Jesus Christ and subsequently have a growing relationship with Him.
2. I will strive to serve as a Christian role model and promote in my children the qualities of love, respect for authority, respect for property, integrity, honesty, purity, proper male and female roles, and a commitment to living by the moral standards of the Bible.
3. I will seek to resolve conflicts by utilizing the principles outlined in Matthew 18 which specifically states that I should go directly to the individual(s) involved. Likewise, I will keep problems within the school and not resort to external institutions to resolve our conflicts (I Corinthians 6:1-11).
4. I will join with the faculty in promoting good academic training through carefully monitoring my child's academic progress.
5. I will support the policies and decisions of our administration and faculty.
6. I will foster a spirit of love and harmony. I will abstain from gossip and avoid a critical spirit.
7. I will endeavor to assist the school through attendance at special programs and volunteer when my schedule and family time allow.
8. I acknowledge that from time to time the school may use the Church at River Oaks vans for transportation to and from school activities / field trips and will not hold liable Providence Christian Academy / the Church at River Oaks nor any of its agents or employees for any injuries or damages sustained by my child on school property or away as a result of or in any way connected with his/her participation in any activity.
9. When attending extracurricular activities, I will commit myself to exhibiting proper behavior by showing respect for officials and visitors.
10. I will seek the advancement of our Christian school spiritually, academically, and physically. I will annually recommit myself to the principles of Christian education so that this will be a Christian school and not just a private school.
11. I will meet my financial obligations on time.
12. I will read the student handbook and support the policies stated therein.
13. I have read the Statement of Beliefs and Mission of PCA. I understand that the principles in the Statement of Beliefs are the foundation for instruction upon which the curriculum is based and will be taught in the classroom. I will support these biblical standards as implemented in classroom instruction.
14. I will respect the beliefs of others regarding doctrinal issues outside of the Statement of Faith and understand that the teaching of these will be left to the student's family and church.
15. I consent to the use and reproduction of any and all photographs or video tape, which have been taken of my children or family by PCA, or anyone authorized by PCA, with no compensation.

**As a condition for enrollment and/or re-enrollment, I have read this form and will agree to abide by the expectations stated therein.**

\_\_\_\_\_  
Father's / Guardian's signature

\_\_\_\_\_  
Mother's / Guardian's signature

\_\_\_\_\_  
Date

**Providence Christian Academy**

**DRIVING AGREEMENT (Field Trip/Athletic Event -Providence Christian Academy) 2020-21**

(Anyone who drives for any type of school event – parents, grandparents, aunts/uncles – must have a completed agreement on file in the school office.)

**All individuals who drive for PCA events are expected to abide by the following requests which were compiled by PCA.**

1. Each adult is to remember he/she is a representative of PCA since it is a PCA group being transported and should follow school dress code.
2. Obey all motor vehicle regulations including speed limits.
3. All vehicles transporting PCA students for field trips must remain together in assigned groups of two or three vehicles. Students are to ride where assigned and may not change vehicles unless permitted to do so by the PCA faculty member in charge.
4. If stops are contemplated along the way for eating or other reasons, then all vehicles must stop. However, the opposite is also true. When the faculty member asks that the group return directly to the campus without stopping along the way, you are expected to follow the directions of the faculty member in charge.
5. We require that all occupants wear seat belts. Therefore, do not accept more occupants in a vehicle than there are seat belts.
6. Different families have different convictions concerning videos and music. Please give due courtesy to the standards of other families whose children are riding in your car.
7. Emergency medical forms must be carried by each driver for all students riding in his/her vehicle.
8. Providence Christian Academy is responsible for all students from the time they leave until they return to the PCA campus or join their parents following an event. When a class is functioning as one unit, the teacher is responsible for the class. When the class separates into smaller groups, each individual driver becomes the one who is responsible - the one in charge.

**We want to express our appreciation by thanking you for your assistance and cooperation in transporting PCA students. Please provide the information requested in the blanks below.**

\_\_\_\_\_  
**Name of Auto Insurance Company**

\_\_\_\_\_  
**Policy #**

\_\_\_\_\_  
**Expiration Date**

\_\_\_\_\_  
**Mother's Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Father's Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

## ***Providence Christian Academy***

### ***STATEMENT OF BELIEFS***

**The following is the foundation of Providence Christian Academy. These statements, based on the Word of God, will be explicitly taught through all grade levels.**

1. We believe the Bible to be the inspired and only infallible authoritative Word of God and believe it to be the standard for living for those who follow God (John 17:17; II Timothy 3:16-17; II Peter 1:3, 20-21; Psalm 119:1-8).
2. We believe that there is one God, eternally existent in three persons: Father, Son, and the Holy Spirit (Genesis 1:1, 26; Matthew 28:19).
3. We believe in the deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious and atoning death through His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal return in power and glory (Colossians 1:15-17; John 14:6; I Timothy 2:5; Luke 1:34-38; Matthew 1:23; I Corinthians 15:3-4).
4. We believe that for salvation of lost and sinful man, regeneration by the Holy Spirit is absolutely essential (John 3:5-8, 16-18; Titus 3:5-6).
5. We believe that man is given new life and is brought back into a proper relationship with God by personally trusting Jesus Christ the Lord, who shed His blood in payment for sin, and that an individual is redeemed by God's grace through faith, not works or service (II Corinthians 5:17; Romans 5:1,10; Ephesians 2:8-9; Titus 3:5; Galatians 3:23-25; I John 2:1-2).
6. We believe in the present ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a Godly life (Romans 8:29; II Corinthians 3:18; Galatians 5:22-23; Ephesians 2:10).
7. We believe in the resurrection of both the saved and the lost; those that are saved unto the resurrection of life, and those that are lost unto the resurrection of damnation (Matthew 13:27-30; 25:46; II Corinthians 5:9-10; John 5:28-29).
8. We believe that godly sexuality consists of celibacy for the single and fidelity for the married and that the homosexual lifestyle is not acceptable in God's sight (Romans 1:26, 27; Romans 7:2-3; Matthew 19:5-6; Galatians 5:19).
9. We believe in the spiritual unity of believers in our Lord Jesus Christ (Ephesians 4:1-6).

***These statements of beliefs are what we considered primary doctrine. When secondary doctrines or issues arise in class, they will be referred to the family and local churches for final authority.***

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Parent / Guardian Signature

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Date

## **PROVIDENCE CHRISTIAN ACADEMY**

### **FINANCIAL POLICY**

Tuition fees are intended to cover the basic operating expenses of the school. While maintaining a high-quality program of Christian education may well entail sacrifice, God has promised to “supply all our needs according to His riches in glory by Christ Jesus.”

Families, school personnel, and the school itself all rely on this firm assurance.

The operating budget includes staff salaries and benefits, educational materials, facility operation and maintenance, and some minimal capital expenditures for furniture and equipment. Financial aid and most student activities are not funded through tuition.

### **DUE DATES:**

**Registration** - Payable when admitted or when re-enrolling and is not refundable.

**Monthly Tuition:** Monthly Payments - Due the 1st of each month, June - May

Semi-Annual payments - Due June 1 and January 1

Annual payment - Due June 1

**ACCOUNTS IN ARREARS:** A late fee of **\$30.00 per month** is assessed for payments received after the **5th** of each month. This penalty may be waived if satisfactory arrangements have been made with the school office before the due date.

Prompt payment of tuition is essential if the school is to meet its own financial obligations on time. Accounts in arrears will be reviewed by the School Administration, which reserves the right to dismiss students from the school when the family account is overdue by 60 days or more and satisfactory arrangements for payment have not been made. Academic records which PCA has generated will not be released or forwarded until all financial accounts have been cleared.

Accounts must be current at the start of each semester in order for students to start school on those dates.

**REFUND POLICY:** Registration fees are non-refundable. Tuition is charged for each month the student is officially enrolled and is non-refundable. Tuition paid during the summer months of June, July, and August is non-refundable; in exceptional circumstances, such as an unexpected family move away from the area, the school may authorize a refund upon request.

**WITHDRAWAL:** If it becomes necessary to withdraw a student during the school year, tuition is charged for the full month even if the student attends for only part of the month. If the withdrawal is at the School’s request, tuition for the remainder of the month will be refunded on a pro rata basis.

**As a condition for enrollment and/or re-enrollment, I have read this form and will agree to abide by the expectations stated therein.**

\_\_\_\_\_  
Father’s or Guardian’s signature

\_\_\_\_\_  
Mother’s or Guardian’s signature    Date

**Providence Christian Academy**

**FIELD TRIP PERMISSION – 2020-21**

(Please complete one form for each student enrolled at PCA.)

**Parent Statement of Consent:**

I, or we, certify that it is with full knowledge and consent that:

\_\_\_\_\_

\_\_\_\_\_

may participate in the designated field trips of Providence Christian Academy. While I/we expect school authorities to exercise reasonable precaution to avoid injury, I/we understand Providence Christian Academy nor any of its agents or employees are responsible for any injuries or damages sustained by my child as a result of or in any way connected with his/her participation in this activity. I/We agree that he/she may participate in such activities under these conditions.

Signature of Parent or Guardian: \_\_\_\_\_

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

**Student Statement:**

I agree to follow the instructions of the chaperons and tour director and to stay with the group at all times.

Student Signature: \_\_\_\_\_

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

**Providence Christian Academy**  
**AUTHORIZATION FOR EMERGENCY CARE TO MINOR - 2020 - 21**

(Complete one form for each student enrolled in school.)

Please print.

STUDENT LAST NAME:	FIRST NAME:
GRADE:	
Parent/Responsible Party - Full Name:	
Address:	Home Phone:
Health Insurance Company:	Policy Holder:
Mother's Work/Cell Phone:	
Father's Work/Cell Phone:	
Doctor:	Phone:
Dentist:	Phone:
Emergency Contact Name Other than Parent:	Phone:

*In case of emergency illness or accident, the child is given first aid and the parents are notified. If the parents or the child's doctor cannot be located, the child will be taken to the nearest Emergency Room. Providence Christian Academy does not assume responsibility for the payment of hospital, doctor or ambulance fees.*

I/We the undersigned, parent(s) or legal guardian of the minor listed below:

\_\_\_\_\_  
 (Minor's Full Name)

\_\_\_\_\_  
 (Birthdate)

do hereby authorize any x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment by any physician or dentist licensed by the State and hospital service that may be rendered to said minor under the general, specific or special consent of an acting agent of the school, the temporary Custodian of the minor, whether such diagnosis or treatment is rendered at the office of the physician or dentist, or at a hospital licensed by the State. I/We authorize the physician or dentist to call in any necessary consultants at his/her discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise his/their best judgment as to the requirements of such diagnosis or medical or dental or surgical treatment. This consent shall remain effective for the duration of the student's enrollment at Providence Christian Academy during the above referenced school year, unless sooner revoked by written notice to the PCA school office. A new form is required at the beginning of each school year.

Write Yes or No

- |  |       |                                  |
|--|-------|----------------------------------|
| Does the child have any physical defects or handicaps? | _____ | If "Yes", please describe: _____ |
| Has the child had any operations or severe injury?     | _____ | If "Yes", please describe: _____ |
| Does the child suffer from any allergies or illnesses? | _____ | If "Yes", please list: _____     |
| Is the child on any long-term prescribed medication?   | _____ | If "Yes", please list: _____     |

**I will not hold Providence Christian Academy financially responsible for the emergency care and/or transportation for my child.**

\_\_\_\_\_  
 Signature of Parent or Guardian

\_\_\_\_\_  
 Date





## PARENT INFORMATION ABOUT MEDICATION PROCEDURES

1. Medications should be taken at home whenever possible so that the student will not lose valuable classroom time or have a shortened lunch period. Any medication taken in school must have a parent or guardian-signed authorization; some medications also require physician orders. Medication must be kept in the school health room or other school-approved location during the school day. The parent or guardian must transport medications to and from school, except a high school student may carry an over-the-counter medication to and from the school health room.
2. No medication will be accepted by school personnel without receipt of completed and appropriate medication forms.
3. A physician may use office stationery or a prescription pad in lieu of completing part III. Include the following information written in lay language with no abbreviations: - Name of student - Date of birth - Reason for medication or diagnosis - Name of medication - Exact dosage to be taken in school, (e.g. milligrams per tablet, milligrams per ml/cc) as applicable - Time to take medication and frequency or exact time interval dosage is to be administered - Sequence in which the medications should be taken in cases where more than one medication is prescribed - If medication is given on an as-needed basis, specify the exact conditions or symptoms when medication is to be taken and the time at which it may be given again. ("Repeat as necessary" is unacceptable.) - Duration of medication order or effective dates - Physician's signature - Date
4. All prescription medications, including physician's prescription drug samples, must be in their original containers and labeled by a physician or pharmacist. An over-the-counter medication must be in the original container with the name of the medication visible. The parent or guardian must label the original container with the following: - Name of student - Exact dosage to be taken in school (e.g. milligrams per tablet, milligrams per ml/cc) - Frequency or time interval dosage is to be administered
5. The first dose of any new medication must be given at home.
6. The parent or guardian is responsible for submitting a new form to the school at the start of the school year and each time there is a change in the dosage or in the time at which medication is to be taken.
7. Medication kept in the school will be stored in a locked area accessible only to authorized personnel.
8. Within one week after expiration of the effective date on the physician order, or on the last day of school, the parent or guardian must personally collect any unused portion of the medication. Medications not claimed within that period will be destroyed.
9. The student is to come to the school health room, or to a predetermined location, at the prescribed time to receive medication. Parents should develop a plan with the student to ensure that the student goes to the school health room at the appropriate time. Medication can be given no more than one half hour before or after the prescribed time.
10. Providence Christian Academy does not assume responsibility for authorized medication taken independently by the student.
11. In no case may any staff member administer any medication outside the framework of the procedures outlined here and/or in PCA regulations.

## TUITION AND FEES 2020 – 2021

New Student Registration: \$300

Re-Enrollment: \$250 - Due upon enrollment

Tuition: \$5,700 per year for full day program  
(\$475 monthly June-May)

\$25 per hour of tutoring

\$350 per month (16 hours) Take Flight - private lessons  
\$50 materials fee

Late Fee: \$30 due for payments received after the 5th of the month.

Extended Care: Students may arrive as early as 7:30am  
After school care, available 3:30 - 5:30pm at a rate of  
\$3.00 per hour or part of an hour.

### DISCOUNTS

ADDITIONAL CHILD - \$100 monthly discount for each additional full-time child.

EARLY PAYMENT DISCOUNT – 5% off tuition paid in full by June 1.

Providence Christian Academy  
A School for Each Child's Learning Style

Parental Consent for Release of Records

TO: \_\_\_\_\_  
(School Administrator)

\_\_\_\_\_ (School)

\_\_\_\_\_ (Street Address)

\_\_\_\_\_ (City, State, and Zip Code)

You are hereby authorized to release the following records for the student named below. Records may be sent by email to [evans@pcagreenville.org](mailto:evans@pcagreenville.org) or by mail to:

Attn: Julie Evans  
Providence Christian Academy  
5903 N. Joe Ramsey Blvd.  
Greenville, TX 75402

- Current official transcript
- All health records
- All standardized test scores
- Diagnostic testing
- Current IEP
- 504 accommodations

\_\_\_\_\_  
(Student's Name)

\_\_\_\_\_  
(Printed Name of Parent or Legal Guardian)

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

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