

PPCA CRUSADER CARE STUDENT/FAMILY ENROLLMENT CONTRACT 2020-2021

Complete this form (listing children oldest to youngest) and return it, along with all registration forms (CRUSADER CARE DESK ONLY).
In doing so, you are agreeing to abide by all Crusader Care policies (see back).

1ST CHILD _____ D.O.B. _____ M ___ F ___ Grade Sept. 1st _____
LAST FIRST MIDDLE MM/DD/YYYY

Previous School/Daycare: _____ Grade Last Completed: _____ Summer T-Shirt Size _____

2ND CHILD _____ D.O.B. _____ M ___ F ___ Grade Sept. 1st _____
LAST FIRST MIDDLE MM/DD/YYYY

Previous School/Daycare: _____ Grade Last Completed: _____ Summer T-Shirt Size _____

3RD CHILD _____ D.O.B. _____ M ___ F ___ Grade Sept 1st _____
LAST FIRST MIDDLE MM/DD/YYYY

Previous School/Daycare: _____ Grade Last Completed: _____ Summer T-Shirt Size _____

4TH CHILD _____ D.O.B. _____ M ___ F ___ Grade Sept 1st _____
LAST FIRST MIDDLE MM/DD/YYYY

Previous School/Daycare: _____ Grade Last Completed: _____ Summer T-Shirt Size _____

HOME ADDRESS _____ **HOME PHONE:** _____
STREET CITY ZIP

PARENT/GUARDIAN #1: _____ Relationship _____

EMPLOYMENT: _____ WK NUMBER: _____

EMAIL: _____

PARENT/GUARDIAN #2: _____ Relationship _____

EMPLOYMENT: _____ WK NUMBER: _____

EMAIL: _____

Please list siblings & grades/schools not listed above: _____

Custody Arrangement: Child(ren) Live w/ Both Parents _____ **Joint Custody** _____ **Mom Only** _____ **Dad Only** _____ **Guardian** _____
***** CUSTODY ORDERS MUST BE ON FILE WITH THE CRUSADER CARE OFFICE*****

I grant permission to Park Place Christian Academy to meet the medical needs of my child(ren) in case of an emergency.

Guardian Signature: _____ Date: _____

PLEASE TURN OVER & COMPLETE APPLICATION!!!

My child(ren), _____, does _____ does not _____ have my permission to be photographed and/or televised. I understand photographs may be used for brochures, the PPCA website and/or newspaper.

Guardian Signature: _____ Date: _____

I grant permission for staff to apply sunscreen/repellent to my child(ren). I will provide said sunscreen and/or mosquito repellent.

Guardian Signature: _____ Date: _____

**** PPCA Crusader Care Policy Summary** - Please read and initial that you understand and agree to the following:

I understand that enrollment is subject to availability, completion & submission of all paperwork, payment of the Registration Fee (\$50 for 1st child & \$25 for each additional child) & Mat Rental Fee (K3-K4 only) and verification of PPCA admission_____.

I understand that re-enrollment may be denied for those who have accounts not current_____. I understand that PPCA only accepts children ages 3 years and up AND are independent and restroom responsible_____. I understand that my child(ren) may be dismissed from Crusader Care for non-payment of tuition/Crusader Care rates or disruptive behavior_____. For all K3-10th grade rates, I understand there are no pro-rated discounts, regardless of attendance, vacations or closed campus. Tuition is due and will remain the same regardless of the number of days attended in a week_____. I understand that the K3-K4 Sibling Half-Day Class pays the same rate EVERY week, unless student(s) attend during a holiday break. At that point, the weekly rate temporarily increases to the regular K3-K4 weekly rate_____. I understand that the K3-K4 Sibling Half-Day Class pick up is at 3pm on regular school days and 12pm on early dismissal days. After those times, I will be charged a late fee of **one dollar per minute**_____. I understand that for all other classes/grades, I will be charged a late fee of **one dollar per minute** if my child is still present after closing time_____. I understand that tuition is due on Monday and must be paid by Wednesday. A late fee may be added on Thursday for any unpaid accounts_____. I understand that I must give a **WRITTEN TWO WEEK'S NOTICE** before I withdraw my child(ren) from the program, and I am responsible for paying for those weeks even if my child(ren) do not attend during those two weeks_____. I understand that I will be charged a reinstatement fee if I choose to withdraw from and then re-enroll my child(ren) in Crusader Care during the same school year_____. I understand that I will be held liable for any damage caused by my child(ren) to school property_____. I understand that I and my child(ren) are to adhere to all policies as set forth in the PPCA handbook_____. I understand that, ultimately, the discipline of my child(ren) is my responsibility, and I will work closely with Crusader Care staff to prepare my child(ren) for successful behavior_____. I understand that Crusader Care is a program which provides care for well children. Therefore, any child exhibiting any signs of illness, such as, but not limited to, fever, rash, diarrhea, vomiting, or any other communicable disease, will not be allowed to remain in Crusader Care until he/she is **symptom free for twenty-four hours**. I understand this is a protective measure for my child(ren), as well as for others_____. I understand that no medication will be administered to my child without the following: a completed medication form, medicine in its original container, and a dispensing spoon supplied by me, the parent/guardian_____. I understand that children are not to bring ANY TOYS from home during the school year, and any exceptions will be outlined for summer and holiday breaks. I also understand that Crusader Care is not responsible for lost, misplaced or damaged personal items_____. I understand that PPCA Crusader Care takes several field trips, and that I will be given individual field trip consent forms to complete and return in order for my child(ren) to participate_____. I agree in principle that neither the teachers nor employees of the school shall be responsible for any injury or damages sustained to the above named child(ren) as a result of, or in any way connected with, his or her transportation or participation in Crusader Care events on or off campus_____. Lastly, I understand that my child(ren) will be released ONLY to the individuals that I designate, and only after they have shown proper legal identification. **I understand that individuals designated for pick-ups must be submitted in writing before my child(ren) may stay in Crusader Care and this list must be updated ASAP with any changes. I understand that PPCA Crusader Care must have parental permission in writing to release child(ren) to anyone not on this designated pick up list_____.**

Guardian Signature: _____ Date: _____

(OFFICE USE ONLY) START DATE: _____ Registered for: SUMMER _____ FALL _____ SUMMER & FALL _____
SUMMER MEAL OPTION: ___LB ___HL Registration Fee: CK# _____ DATE _____
Summer Activity fee: CK# _____ Date _____ PPCA Enrollment Verified: ___YES ___NO
Summer Grade Assigned _____ Summer T-shirt Sizes _____ Cust. Order Rec'd _____
OFFICE STAFF RECEIVING: _____ Date of 2 Week Notice Given: _____