

# *Financial Schedule*

## **Paw Creek Christian Academy**

### **SCHOOL TUITION (Grades K-5 through 12)**

The first tuition payment is due on Orientation Day and nine consecutive payments are due on the fifteenth of each following month. The last tuition payment is due on May 15th. (If payment is not made by the 25th of each month, a 10% late fee is charged to your account.) No post-dated checks will be accepted.

**First Child \$3,750 (10 payments @ \$375/month)**  
**Second Child \$3,420 (10 payments @ \$342/month)**  
**Third Child & Up \$3,090 (10 payments @ \$309/month)**

**REGISTRATION FEES** - This fee includes the school yearbook, End-of-Year Fun Day activities, a year of insurance, clerical and cumulative forms, and basic medical supplies for small needs. *It needs to be paid in two separate checks: one check for \$65 and another check for the remaining amount.* This is a non-refundable fee for all students accepted into our school.

\$85 Through June 7, 2013 [**FOR CURRENT STUDENTS ONLY**]  
\$130 After June 7, 2013 (**NOTE:FEE IS PER CHILD**)

**BOOK FEES** - Textbooks are to be purchased on Orientation Day. Prices vary according to the grade.

**INSTRUCTIONAL & SUPPLY FEE** - \$50 (Due On Orientation Day. Only one fee is charged per family.)

**BUILDING PROGRAM FEE** - \$25 (Due On Orientation Day. Only one fee is charged per family.)

**SCHOOL UNIFORMS** - School uniforms are to be purchased from Educational Outfitters, located in Charlotte, NC. Please consult separate brochure for specific prices. Students must be in uniform by Orientation Day.

**GRADUATION FEES** - This fee includes graduation cap & gown, graduation diploma, and graduation invitations.  
Senior Graduation Fee - \$75 (Due On Orientation Day.)  
K-5 Graduation Fee - \$50 (Due On Orientation Day.)

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#### **BEFORE & AFTERSCHOOL CARE (Available For Ages 5-12)**

Students may arrive as early as 8:00 AM and leave as late as 3:30 PM at no additional cost. Before and After-school Care is provided for those who need to arrive earlier than 8:00 AM or be picked up later than 3:30 PM. The following fees are incurred on a weekly basis:

**Before School Care 7:15 AM - 8:00 AM \$10/week**  
**After School Care 3:00 PM - 6:00 PM \$28/week**

NOTE: An extra fee will be charged when child care is provided on school days out (i.e., teachers' workdays, holidays, etc.). The total cost for each full day of child care will be \$24.00. (One full week of all day child care would be \$120.)

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#### **EARLY CHILDHOOD CLASSES (AGES 2-4) Weekly Fee \$120.00**

This is a twelve-month program and the fees are incurred on a weekly basis. All meals are included and care is provided from 7:15 AM until 6:00 PM. No additional school fees apply to this program except for registration, books, and learning materials. Care on teachers' workdays is also provided at no additional cost. **The weekly fee is \$120.00.**

# *Application For Admission (Grades K-5 - 12th)*

## **Paw Creek Christian Academy**

**STUDENT'S NAME:** \_\_\_\_\_ Preferred Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Place of Birth: County \_\_\_\_\_ State \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_

Grade Entering \_\_\_\_\_ Last School Attended \_\_\_\_\_

Address: \_\_\_\_\_

Scholastic grades have been: Superior \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_ Failing \_\_\_\_\_

Has student ever repeated a grade? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which grade \_\_\_\_\_

Has student ever been suspended or expelled from school? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

With Whom Does the Child Reside? \_\_\_\_\_

**FATHER'S NAME** \_\_\_\_\_ Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Place of Birth: State \_\_\_\_\_

Cell Phone \_\_\_\_\_ License Number and State \_\_\_\_\_

Education: HS \_\_\_\_\_ years College \_\_\_\_\_ years Marital Status: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**MOTHER'S NAME** \_\_\_\_\_ Employer \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Place of Birth: State \_\_\_\_\_

Cell Phone \_\_\_\_\_ License Number and State \_\_\_\_\_

Education: HS \_\_\_\_\_ years College \_\_\_\_\_ years Marital Status: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**GUARDIAN** (if other than parent) \_\_\_\_\_ Phone \_\_\_\_\_

Person to contact in case of emergency if parents or guardian are not available:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name of church you attend \_\_\_\_\_ Member? Yes \_\_\_\_\_ No \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Physician Preference \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Number of older children in family \_\_\_\_\_ Number of younger children in family \_\_\_\_\_

Does student have any physical defects? \_\_\_\_\_ If so, please explain \_\_\_\_\_

List activities and special interests in which student is involved: \_\_\_\_\_

### **NOTICE**

*Paw Creek Christian Academy does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admission policies and other school-administered programs.*

In making this application for our child, it is our desire that he/she complete the school year. In signing this application, we accept the challenge to “train up a child in the way he should go” and state this training will be carried out in the home. We shall place our trust in Paw Creek Christian Academy to extend that training more completely.

Our reason for selecting this school is primarily to give our child a Christ-centered education and to complement the Christian teachings the Bible sets forth for the Christian home and church. We understand the school has full discretion for the grade placement of our child. We understand that all registration fees are non-refundable.

**FATHER’S SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**MOTHER’S SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

(If applicable)

**GUARDIAN’S SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

I give permission to PCCA’s designated school uniform company (*Educational Outfitters*) or other company as designated by the school to release my name to Paw Creek Christian Academy acknowledging my purchase of required uniforms in order for my child to attend PCCA. I understand that failure to purchase required uniforms will cause my child to lose his/her enrollment at Paw Creek Christian Academy.

**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

I understand that at least three fund raisers will be planned during the school year and I accept responsibility to participate in all three fund raisers. If I decide not to fully participate in each fund raiser, I understand that a one-time fee of \$100 will be added to my school account.

**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

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**NOTICE FOR STUDENTS ENROLLED IN BEFORE & AFTERSCHOOL CARE**

An extra fee will be charged when child care is provided on school days out (i.e., teachers’ workdays, holidays, etc.). The total cost for each full day of child care will be \$20.00.

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***For Office Use Only***

Application fee paid: \_\_\_\_\_ Accepted: \_\_\_\_\_

Transcript requested: \_\_\_\_\_ Received: \_\_\_\_\_ Waiting List: \_\_\_\_\_

Grade placement: \_\_\_\_\_ Rejected: \_\_\_\_\_

Uniforms Ordered: \_\_\_\_\_ Yes \_\_\_\_\_ No

# *Application For Admission Early Childhood Classes (Ages 2-4) Twelve Month Program Paw Creek Christian Academy*

**STUDENT'S NAME:** \_\_\_\_\_ Preferred Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address:(Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_  
Place of Birth: County \_\_\_\_\_ State \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_  
Grade Entering \_\_\_\_\_ Last School Attended \_\_\_\_\_  
Address: \_\_\_\_\_

Scholastic grades have been: Superior \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_ Failing \_\_\_\_\_  
Has student ever repeated a grade? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, which grade \_\_\_\_\_  
Has student ever been suspended or expelled from school? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

With Whom Does the Child Reside? \_\_\_\_\_

**FATHER'S NAME** \_\_\_\_\_ Employer \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Place of Birth: State \_\_\_\_\_  
Cell Phone \_\_\_\_\_ License Number and State \_\_\_\_\_  
Education: HS \_\_\_\_\_ years College \_\_\_\_\_ years Marital Status: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**MOTHER'S NAME** \_\_\_\_\_ Employer \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Place of Birth: State \_\_\_\_\_  
Cell Phone \_\_\_\_\_ License Number and State \_\_\_\_\_  
Education: HS \_\_\_\_\_ years College \_\_\_\_\_ years Marital Status: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**GUARDIAN** (if other than parent) \_\_\_\_\_ Phone \_\_\_\_\_

Person to contact in case of emergency if parents or guardian are not available:  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name of church you attend \_\_\_\_\_ Member? Yes \_\_\_\_\_ No \_\_\_\_\_  
Pastor's Name: \_\_\_\_\_ Phone# \_\_\_\_\_  
Physician Preference \_\_\_\_\_ Hospital Preference \_\_\_\_\_  
Number of older children in family \_\_\_\_\_ Number of younger children in family \_\_\_\_\_  
Does student have any physical defects? \_\_\_\_\_ If so, please explain \_\_\_\_\_

List activities and special interests in which student is involved: \_\_\_\_\_

**Early Childhood program operates on a year round basis,  
except for some National and Christian holidays.  
All families will receive one vacation week per calendar year at no charge.  
Please notify the office in writing one week in advance.**

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Our reason for selecting this school is primarily to give our child a Christ-centered education and to complement the Christian teachings the Bible sets forth for the Christian home and church. We understand the school has full discretion for the grade placement of our child. We understand that all registration fees are non-refundable.

**FATHER’S SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**MOTHER’S SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

(If applicable)

**GUARDIAN’S SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

I understand that at least three fund raisers will be planned during the school year and I accept responsibility to participate in all three fund raisers. If I decide not to fully participate in each fund raiser, I understand that a one-time fee of \$100 will be added to my school account.

**SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

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***For Office Use Only***

Application fee paid: \_\_\_\_\_ Accepted: \_\_\_\_\_

Transcript requested: \_\_\_\_\_ Received: \_\_\_\_\_ Waiting List: \_\_\_\_\_

Grade placement: \_\_\_\_\_ Rejected: \_\_\_\_\_