

Philadelphia Christian School

Enrollment Agreement



School Year: _____ Date Application Submitted: _____

Grade to Enter: _____ This is a (Circle one): New Enrollment OR Re-enrollment

If applying for Pre-K or Kindergarten, please circle one of the following:
Half-day (12PM Dismissal) OR Full Day (3PM Dismissal)

Student Information

Student Name: _____ Age: _____ Date of birth: _____
(Last) (First) (Middle)

Physical Address: _____ County: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

Family Information

Father's/Guardian's Name: _____ Phone: _____

E-mail: _____ Employer: _____

Mother's/Guardian's Name: _____ Phone: _____

E-mail: _____ Employer: _____

Parent's Marital Status (Circle one): Married Widowed Separated Divorced*

If parents are separated or divorced, with whom does this student live? _____

*School office must have a copy of custody agreement for student file. The student will be released to both parents unless we have signed court documents stating otherwise.

Student's Religious Background

Current church attending: _____ City/State: _____

Pastor's Name: _____

Has student professed to have a personal relationship with Jesus Christ (Circle one): Yes No

Parent/Guardian Religious Background

Current church attending: _____ City/State: _____

Pastor's Name: _____

Church Member (Circle one): Yes No Regularly attending (Circle one): Yes No

Have parents (either/both) professed to have a personal relationship with Jesus Christ (Circle one): Yes No



Emergency Contact Information

Emergency contact person: _____ Daytime phone #: _____

Relationship to student: _____

Physician: _____ Phone #: _____

Allergies or medications: _____

Medical conditions: _____

Permission to give child Tylenol/Ibuprofen (Circle one): Yes No

Student's Educational Background (New enrollment only)

Name of school last attended: _____ Dates attended: _____

Address of school: _____

Phone number: _____ Administrator's name: _____

Do you (as parent/guardian) have reason to suspect a reading or learning disability in your child? If yes, please explain: _____

Has your child ever had an IEP (individualized education plan) in place in an educational setting? _____

Has your child ever been diagnosed with special needs? _____ If yes, please explain: _____

Has your child ever been recommended for, referred to, or received behavioral or psychological counseling? If yes, explain: _____

Has the student ever been suspended from, expelled from, or asked not to return to school for any reason? _____ If yes, please explain: _____

List any other factors in your child's life that would be helpful for the school to know (absence or death of a parent, traumatic incidents/accidents, etc...): _____

Statement of Understanding and Agreement

We, the undersigned, enroll _____ in Philadelphia Christian School for the 2023-2024 school year. In consideration of PCS's acceptance of this agreement and enrollment of said student, we the undersigned agree jointly and severally to the following terms and conditions:

Parental Support Statement

I have read and agree with the following statement:

I understand that no student is considered enrolled until all enrollment steps are completed, and the enrollment fee is paid. I understand that I may be asked to withdraw my child if my account becomes past

due. I agree not to be critical of school policy before my child nor openly to others. I agree to comply with the policies of Philadelphia Christian School as set forth by the Administration.

The staff desires a harmonious relationship with parents. If parents have a question about a school policy or an event that involves their child, they are to notify the child's teacher. An effort will be made to resolve any differences and maintain excellent communication between parents and ministry staff.

Parental support is an essential part of the educational process. If in the sole discretion of the administration, a parent has failed to support the ministry staff or the school's policies and procedures, including the code of conduct, which is based on the statement of faith, the administration reserves the right to deny the student continued enrollment in the school.

Medical Consent

(I) (We), the undersigned, parents(s) of _____, a minor, do hereby authorize the hospital most accessible during the time of accident or illness, as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the Medical staff of said hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

FOR OFFICE USE ONLY:

	DATE RCV'D		DATE RCV'D
ENROLLMENT AGREEMENT:	_____	SCHOOL RECORDS:	_____
HANDBOOK SIGNATURE:	_____	ENROLLMENT FEE:	_____
BIRTH CETIFICATE (copy):	_____	BOOK FEE:	_____
S.S. CARD (copy):	_____		
IMMUNIZATION FORM:	_____		