

Dear Pentecostal Christian Academy Parent,

Greetings! It's almost SCHOOL TIME for the 2023-2024 school year! Thank you for entrusting us with the education of your children. We will put our very best foot forward to help your child achieve his/her goals for a bright future, with your assistance and encouragement along the way. Please take time to read all schedules/forms within this packet.

For those new to PCA, in addition to being in the classroom daily, I also serve as the Administrator, maintaining records, tuition, and addressing issues that may arise throughout the year. I am happy to assist you with anything regarding these matters!

Tuition Details

Your first tuition payment is due by August 1. All payments must be made ON TIME so payroll can be met on time - **NO EXCEPTIONS.** There is a **\$25 dollar late fee** charged for all payments made late. **For checks: Please make payable to First Pentecostal Church,** and **do not** postdate them. In the check memo, please note **"PCA Tuition."**

Daily Schedule

In addition to normal coursework, we also offer elective classes, Bible and PE. Your student may participate in these electives as long as their regular goals are met and in balance each day. The one exception is for **PE Class, which is a required class** for all high school level students. The high school level students will receive credit towards graduation.

Monday/Wednesday		Tuesday/Thursday		Friday	
8:30 - 9:30	History	8:30 - 9:30	History	8:30 - 9:30	History
9:30 - 9:40	Break	9:30 - 9:40	Break	9:30 - 9:40	Break
9:40 - 10:30	Math	9:40 - 10:30	Math	9:40 - 10:30	Math
10:30 - 11:00	Recess	10:30 - 11:00	Recess	10:30 - 11:15	Chapel
11:00 - 12:00	Bible	11:00 - 12:00	Bible	11:15 - 11:30	Cleaning Station
12:00 - 12:30	Lunch	12:00 - 12:30	Lunch	11:30-12:00	Bible
12:30 - 1:30	Language Arts	12:30 - 2:00	Language Arts	12:00 - 12:30	Lunch
1:30 - 2:00	Recess		Science	12:30 - 1:50	Language Arts
2:00 -3:00	Science	2:00 -3:00	Elective	1:50 - 2:00	Break
				2:00 -3:00	Science

***Any subject not completed during the hour can be finished at the end of any other hour when they have "down time." ***

Orientation

Parent & Student Orientation is required for all on Monday, August 14, 2023, at 6:30pm, in the FPC Youth Chapel. Please arrive promptly and bring required school supplies to Orientation for your child to set up his/her desk immediately following.

Start Date

Pentecostal Christian Academy will begin the school year on Tuesday Morning, August 15, 2023, at 8:30am. Please have your students at school by 8:20am, so class can begin promptly at 8:30am.

Forms

Included are a few necessary forms for you to **complete and return at Orientation.** Families with multiple children will have multiple copies of some forms. If you have any questions regarding any of the information in the handbook, or on the student forms, please feel free to call me at (765) 649-1806. Thank you again for investing in the future of your children!

Sincerely,



Sister TJ St. Clair
Pentecostal Christian Academy Administrator

STUDENT REGISTRATION FORM

School Year _____ Grade _____ Registration Paid? ___Yes ___No

Check if prerequisites have been provided for admission to PCA:

- Birth Certificate
- Immunization Record
- Prior School Record (if applicable)

Student Information

Student's Name (last/first/middle) _____

Address (street/city/state/zip) _____

Home Phone # _____ Cell Phone #(s) _____

Email Address (es) _____

Social Security Number _____

Birth date (month/day/year) _____

School Information

Last school attended, if other than PCA _____ Last Grade Level _____

Has child failed a grade? Yes _____ No _____ If yes, what grade? _____

Medical Information

List any physical difficulties, including allergies:

Child's Physician _____ Telephone Number _____

Father's Name _____

Employer _____ Telephone Number _____

Mother's Name _____

Employer _____ Telephone Number _____

Emergency Contact

Person(s) to contact in case of an emergency (other than parents; list relationship)

_____ Telephone # _____

_____ Telephone # _____

_____ Telephone # _____

_____ Telephone # _____

Other Information

Church you now attend _____

Reason(s) for selecting PCA:

Drop Off/Pick Up Information

I authorize the following people to drop off and pick up my child:

<u>Name</u>	<u>Phone #</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

PARENT PERMISSION FORM

August 15, 2023– May 22, 2024

Student Information

First Name _____ Last Name _____

Address _____

Unit # _____ City _____ Postal Code _____

Home Phone _____ Cell Phone _____

Birthday _____ Grade _____

Parent Information

Parent/Guardian(s) Name _____ Parent Email _____

Address (if different than above) _____

Cell Phone _____ Work Phone _____ Home Phone _____

Student Health Information

Family Doctor _____ Doctor Phone Number _____

Health Card # _____ Allergies _____

Special Medications _____

I/We give consent for (name of minor) _____ to attend any trips and/or events being sponsored by Pentecostal Christian Academy. In the event that he or she is injured while under the care of PCA and its representatives and requires the attention of a doctor, I hereby consent to and will be responsible for any medical treatment as deemed necessary by a licensed physician. I/We further agree to hold the licensed physician, the medical facility, PCA and its representatives free and harmless from any claims, demands or suits for damages arising from the authorization and provision of such medical treatment. I/We understand the nature of the event and do hereby release Pentecostal Christian Academy and its representatives from any liability due to accident or injury incurred on or by the aforementioned minor. I/We agree to cover all costs if my/our minor needs to be sent home for disciplinary reasons. I/We understand that my/our minor may be traveling in vans, cars and/or buses for events.

Parent/Guardian signature: _____ **Date:** _____

Representatives of Pentecostal Christian Academy will take every possible safety precaution and possible means to contact parent/guardian(s) in the event of a serious injury or other emergency.

STUDENT MEDICAL INFORMATION SHEET

It is very important for us to be aware of any injury, illness, or operation that your child has/had that may affect his/her performance in class. (Allergies, Asthma, reoccurring injury, etc.)

We are only considering the health and safety of your child by requiring this information.

Please fill out the following information completely and accurately:

Child's name _____ Grade _____

- My child does not have any known physical problems or illnesses that will prevent or hinder participation.
- My child has/had the following medical condition, injury or operation. Please list with dates, medication and concerns.

I hereby authorize my child to participate fully during physical education, recess, field trips, and any other event sponsored by Pentecostal Christian Academy.

I further release Pentecostal Christian Academy from any and all responsibility if my child should experience any type of medical difficulty or injury as a result of his/her participation in the aforementioned activities.

Parent signature

Date

No other medical clearance/release will be required except for accident, injury, or illness diagnosed or incurred during the school year that results in restricted activity.

STUDENT/PARENT CELL PHONE CONTRACT

Maintaining the integrity of the learning environment is our top priority.

- Students are NOT permitted to have cell phones in their possession during the school day.
- Students MUST have their cell phones turned off and turned into the electronic storage area during the school day; cell phones shall cause no disruption.

If a cell phone is not kept in the PCA storage, disciplinary action will include, but is not limited to, confiscation of the phone. Additionally, student abuse of this policy will result in the student losing the privilege to be able to carry a cell phone permanently, or for a period of time determined by an administrator.

- The first and second confiscation of the phone will only be returned when retrieved by a parent or guardian.
- Third offense will result in students being banned from having a cell phone on campus.
- After the third offense, if the student is caught with any cell phone, it will result in 2 days of suspension.
- There will be absolute ZERO TOLERANCE on cell phone use.

STUDENT CONTRACT I, _____ (student's name) understand that possession of a cellular telephone on school campus is a privilege, and that it may be revoked at any time by the administration for violating this school policy regarding such possession, which I have been provided with and read. On the third offense I will not be able to have any cell phone on campus. If I am caught with any cell phone, it will result in two days of suspension. Furthermore, I understand that the school and its employees are in no way responsible for any theft or damage of my cellular phone while on school grounds. The school is not obligated to investigate the loss or damage of any phone.

Student signature: _____ **Date:** _____

PARENT CONTRACT I, _____ (parent's name) understand this contract regarding my student's possession of a cellular telephone on campus. On the third offense your child will not be able to have any cell phone on campus. If he/she is caught with any cell phone, it will result in two days of suspension. Furthermore, I understand that the school and its employees are in no way responsible for any theft or damage of my child's cellular phone while on school grounds. The school is not obligated to investigate the loss or damage of a cell phone. Should my student's cell phone be confiscated, I understand that it will only be returned when I come to school to retrieve it.

Parent/guardian Signature: _____ **Date:** _____

STATEMENT OF COOPERATION AND AGREEMENT

1. **Payment Procedures:** Tuition is to be paid in monthly installments (10 payments) on the 1st of each month, from August 1, 2023-May 1, 2024. It is understood that **if payment has not been received by the 7th of the month, a \$25 late fee** will be added and my child/children will not be allowed to attend class until the tuition is paid. I also understand that grade cards will be withheld until the past due amount is paid.

Tuition is \$175 per student, per month for members, including all tuition and fees. **Tuition is \$300 per student, per month for non-members**, including all tuition and fees. Payment can be made via cash, check, or card.

Checks: Make payable to *First Pentecostal Church* with "PCA Tuition" in the memo.

Card Payments: Visit www.FPCAnderson.com, click "GIVE", then select "PCA Tuition" in the category down menu.

2. We recognize that participation is needed in prayer and service in schooling our child/children. In order to properly share in his/her training, we also recognize that prompt consistent payment of our account is extremely vital to the school and will handle our business relationship with the school accordingly.
3. All new students are accepted on a six-week trial basis. To satisfactorily complete this trial program a student must maintain a (C) grade average and exhibit a cooperative attitude with our school program.
4. In full cooperation with the school, I sincerely pledge my loyalty to the aims and ideas of the school and will bring any and all questions and criticism directly to the administration so that those in authority may properly consider them.
5. The teachers and administration are hereby given full discretion in the discipline of my child/children. This may include various forms of positive reinforcement or the issuing of detention, suspension, or expulsion from the school.
6. I also give my permission for my child to take part in all school activities, such as physical education activities and school sponsored trips/field trips, etc. In case of an accident or serious illness, I request the school personnel contact me. If they are unable to reach me, I hereby authorize them to call my emergency contact, and to follow his/her instructions. If it is not possible to contact either, the school personnel may make any necessary medical arrangements.
7. I understand that no student will be accepted by Pentecostal Christian Academy who has experimented with illegal drugs, or participated in occult activities. I understand any use/experiment of contraband drugs will result in immediate expulsion with no right to appeal. I understand that students of Pentecostal Christian Academy are expected to keep high standards and to have high moral conduct. No student sexually active will be admitted to Pentecostal Christian Academy. I further understand that any violation of

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this rule will result in expulsion.

NOTE: Has your child been disciplined by any other school for the use of drugs or for promiscuous behavior? **YES** ____ **NO** ____

If yes, when and what action was taken?

8. I further agree to hold the school and its agents harmless for the liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of any injury or alleged injury to my child. Should legal action, for any reason, be taken against First Pentecostal Church or Pentecostal Christian Academy or any employee or agent thereof, on my child's behalf and the school or its' agent not be found at fault, I agree to pay any attorney fees, court fees, damages or other cost that First Pentecostal Church or Pentecostal Christian Academy or its' agent should incur to defend itself against such action.

We/I, _____ (parent(s) name), have read and agree to the Statement of Cooperation and Agreement as listed above, and understand all parent and student obligations.

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

After School Care Enrollment Form

CHILD'S NAME		CHILD'S AGE	DATE OF BIRTH	SEX
CHILD'S ADDRESS		CITY	STATE	ZIP
CHILD'S ETHNICITY <input type="checkbox"/> ASIAN <input type="checkbox"/> AFRICAN AMERICAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> INDIAN <input type="checkbox"/> WHITE <input type="checkbox"/> OTHER		CHILD'S PRIMARY LANGUAGE <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> OTHER _____		PRIMARY NUMBER
PARENT/GUARDIAN'S NAME		DATE OF BIRTH	PRIMARY NUMBER	ALTERNATE NUMBER
EMAIL ADDRESS	HOME ADDRESS	CITY	STATE	ZIP
PARENT/GUARDIAN'S NAME		DATE OF BIRTH	PRIMARY NUMBER	ALTERNATE NUMBER
EMAIL ADDRESS	HOME ADDRESS	CITY	STATE	ZIP
EMERGENCY CONTACT IF PARENTS CANNOT BE REACHED		RELATIONSHIP	PRIMARY NUMBER	
HOME ADDRESS		CITY	STATE	ZIP

I AUTHORIZE PCA TO RELEASE MY CHILD TO THE ADDITIONAL FOLLOWING PEOPLE:

The following individuals may also pick up my child or be contacted in case of an emergency. Children will be released only to those names listed. **YOU MUST LIST PERSONS WHO WILL BE AVAILABLE TO BE REACHED BY PHONE.** They should be prepared to show a photo ID when picking up your child.

NAME	RELATIONSHIP	PHONE NUMBER
NAME	RELATIONSHIP	PHONE NUMBER
NAME	RELATIONSHIP	PHONE NUMBER
NAME	RELATIONSHIP	PHONE NUMBER

CUSTODY/COURT ORDERS

Are there any court orders affecting the custody of this child? ___ Yes ___ No (If yes, you MUST provide PCA with a copy of these orders.)

Are there any restraining orders? ___ Yes ___ No Who has Primary custody of this child? _____

Child may be released to: () FATHER () MOTHER () OTHER Notes: _____

URGENT RELEVANT INFORMATION (PARENTAL CUSTODY, RESTRAINING ORDERS, RESTRICTED PICKUPS, ETC.)

Parent/Legal Guardian's Signature

Date

All those who desire to use the PCA After School Care program **MUST** provide their needed schedule the Friday prior to the new week for planning purposes. You will then submit pre-payment each week on Monday for that week's services. Receipts will be given each week either in-person or via email.

Place an X beside the option you anticipate using most often. Regardless of what you choose below, you will be charged based on your child's attendance. For example, if you choose 3-5 days, but only utilize the program 2 days during a given week, you will submit payment for those days.

OFFERINGS	PRICE
1-2 days per week	\$12.50 per student/per day
3-5 days per week	\$8 per student/per day <i>*\$40 maximum fee per student/per week</i>

PLEASE NOTE:

- After School Care is offered for enrolled PCA students only.
- After School Care is offered on Monday-Friday, regularly scheduled school days only.
- Billing is done on a weekly basis (Mondays) for the committed sessions.
- A form will be sent home on Thursdays for you to select your schedule for the following week.
- Students should be picked up by 6pm. Pickup after 6pm will result in a \$15 late fee for each 15 minutes.

PARENT'S ACKNOWLEDGEMENTS AND STATEMENT OF CONSENT

I hereby give consent for the following (check all that apply):

- I hereby grant permission for my child to leave and to be transported to and from the PCA premises for the purpose of participating in scheduled activities and planned field trips.
- I hereby give permission to PCA to use indefinitely, without limitation or obligation, photographs, film footage, or tape recordings, which may include my child's image or voice for the purpose of promoting or interpreting PCA After School Care programs and activities.
- I hereby release, waive, and covenant not to sue PCA, its successors and assigns, and its directors, officers, employees, and agents from any claims, demands, damages, losses, and causes of action arising or resulting from any injury to my child or loss or damage to his or her property that may occur while the child is in or upon the premises of PCA or using any of its facilities, services or equipment, or participation in any PCA After School Care program or activity.
- I hereby indemnify and hold harmless PCA and its directors, officers, employees, and agents from all loss, liability, damage, or cost they may incur due to my child's presence in or upon the premises of PCA or use of its facilities, services, or equipment, or participation in any PCA After School Care program or activity.

Parent/Legal Guardian's Signature

Date

SCHOOL CALENDAR 2023-2024

2023

AUGUST

August	14	Monday	PCA Orientation (All students & parents required to attend.)
August	15	Tuesday	First Day of School

SEPTEMBER

<i>September</i>	<i>4</i>	<i>Monday</i>	<i>Labor Day (No School)</i>
September	13	Wednesday	School Picture Day
September	18-22	M-F	e-Learning Week (UPCI General Conference)

OCTOBER

<i>October</i>	<i>12-13</i>	<i>Th.-F</i>	<i>Fall Break (No School)</i>
October	16	Monday	Return to School
October	20	Friday	End of <u>First</u> Grading Period

NOVEMBER

<i>November</i>	<i>23-24</i>	<i>Th.-F</i>	<i>Thanksgiving Break (No School)</i>
November	27	Monday	Return to School

DECEMBER

December	22	Friday	End of <u>Second</u> Grading Period
<i>Dec. 23-Jan. 7</i>			<i>Winter Break</i>

2024

JANUARY

January	8	Monday	Return to School
<i>January</i>	<i>15</i>	<i>Monday</i>	<i>Martin Luther King Jr Day (No School)</i>

FEBRUARY

<i>February</i>	<i>19</i>	<i>Monday</i>	<i>President's Day (No School)</i>
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MARCH

March	4-8	M-F	e-Learning Week
March	15	Friday	End of <u>Third</u> Grading Period
March	18-22	M-F	School Spirit Week (Regular Schedule)
<i>March</i>	<i>25-29</i>	<i>M-F</i>	<i>Spring Break (No School)</i>

APRIL

April	1	Monday	Return to School
April	16-17	T-W	Testing
April	22-26	M-F	Ascend Student Convention (We're considering going to this in IL! Grades 7-12 compete. 12 years+.)

MAY

May	22	Wednesday	Last Day - End of <u>Fourth</u> Grading Period/Last Day of School
May	25	Saturday	PCA Graduation & Awards Ceremony

**All dates will be updated throughout the school year if any changes are made.
You will be informed of any school cancellations by 7:00am, the day of, if need be.**