

Parkview Christian School

AY2022 Enrollment

Package

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“Building Christian character while achieving academic excellence”

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Information for Parents and Guardians

Opening in 1975 as a preschool, PCS chose an eagle as its mascot, drawing from Scripture the encouragement given in verse 31 of chapter 40 from the Book of Isaiah: ***“But they that wait upon the Lord shall renew their strength; they shall mount up with wings of an eagle; they shall run, and not be weary; and they shall walk, and not faint.”***

Our objective is to provide a thorough education to every student, an education with a Biblical worldview. Your worldview is how you perceive and react to events and people around you. It determines your beliefs, values, and actions. By placing God at the center of our world, we and other Christians turn to the Bible for guidance. The belief in an eternal, holy God leads us to understand right and wrong, to value others, and to act in accordance with His commandments (see Mark 12:30-31). A Christian worldview reinforces these beliefs and attitudes in the social and personal development of our students.

Parkview Christian School maintains a website, www.pcseagles.com. School dates, calendars, activities, menus, forms, and other information of interest can be found there. Supply lists for kindergarten and grades 1 through 6 are available on our website and at the school office.

Mid-morning snack is provided for the pre-school and kindergarten classes. The elementary grades may bring their own snack or select a food or drink item from the snack cart. All items are one dollar (\$1.00).

PCS caters an optional hot lunch every school day. These meals are sourced from: Sonic on Monday; Chick-fil-A on Tuesday; Domino’s on Wednesday; El Jalisco on Thursday; and, Willy T’s on Friday. A variety of items is available each day. The cost per day is five dollars (\$5.00) and includes the meal, a drink, and cookies.

Pre-school students take a nap in the afternoon following lunch. Parents should provide a mat, a sheet or blanket, and a pillow. The children are allowed one small stuffed animal or toy to sleep with them.

PCS also offers before- and after-school care with our extended day program; see pages 8 and 9 for details.

Polo shirts embroidered with the school name may be ordered in the school office. Students are requested to wear the shirt on chapel days and at other special events.

School pictures are taken in the fall and the spring, and kindergarten graduation photos are taken about one month before the end of the school year.

Fund-raising events are held by the school and our Parent-Teacher Organization (PTO) throughout the year. Details on these events will be sent home with students several days prior to the event. We encourage all parents and guardians to join the PTO and be involved in school events.

Field trips may be scheduled during the year. All costs for these events are an additional expense borne by the student and are not subsidized by the school. Recent field trips have included the October pumpkin patch trip for the pre-school students, and the Providence Canyon Park hike and zip-lining at a nearby camp for the elementary students. The kindergarten class in the past few years has attended Disney on Ice in Montgomery and The Nutcracker ballet in Dothan.

We occasionally have the opportunity to help the needy and to participate in other ministry projects. We ask for the students’ voluntary participation in these efforts.

Parkview Christian School – 608 S. Eufaula Ave – Eufaula, AL 36027

Tuition Information

Tuition Rates

Tuition rates for the 2022-2023 academic year (AY2022) have changed from last year and are listed below. The registration fee, as well as the supply and fine arts fees, are due in full at enrollment.

Class	Registration	Fees	Annual Tuition	10-Payment Plan
Pre-K2/3/4 (half-day)	\$150.00	50.00	\$2,500.00	\$250.00/month
Pre-K2/3/4 (full day)	\$200.00	50.00	\$3,900.00	\$390.00/month
K5, Grades 1 & 2	\$350.00	50.00	\$4,100.00	\$410.00/month
Grades 3-6	\$350.00	50.00	\$4,300.00	\$430.00/month

Tuition Discounts

Several tuition discounts are available:

- Pre-payment of annual tuition (at time of enrollment) – 4%
- Multiple students – 10% each for second and subsequent children
- Ministerial – 10% each for all children of ordained clergy from any faith
- 1st Responders – 10% each for all children of civilian first responders, and active duty and retired military personnel

Note: Only one discount may apply to a student. Students enrolling after the beginning of the school year may receive the pre-payment discount on tuition for the remaining months if paid in full at enrollment.

Tuition Payment

Tuition may be paid in full or in ten (10) monthly installments paid July-April or August-May. PCS accepts payment by cash, check, money order, or credit/debit cards. We accept Visa, MasterCard, American Express, and Discover, as well as PayPal. A surcharge of 4% will be added to credit payments to offset fees to the school for providing this service; PayPal use incurs a 2.2% surcharge. Returned checks are subject to a fee of thirty dollars (\$30.00) and revocation of check-writing privileges after the second occurrence. All payments can be made in the school office, and credit card payments can be taken over the phone. We also accept check and money order payments sent through the U.S. mail.

Late Payments and Overdue Accounts

Monthly tuition charges are posted to your student's account on the first business day of each month and are due at that time. Any payment after the 14th of the month will be considered late and subject to a fee equal to 10% of the outstanding balance. If the 14th falls on a Saturday, payment is due on the preceding Friday (the 13th); if it falls on a Sunday, then payment is due the following Monday (the 15th). If your child's account becomes two (2) months overdue, your child will not be allowed to return to class until the account is paid in full. If you were given a discount and your account becomes overdue twice in the same school year, ***your discount will be revoked and all prior discounts will be removed*** from the account.

2022-2023 Registration Form

Date: _____ Time: _____ Referred by: _____

Student Information

Name: _____ Goes By: _____

Address: _____

City/State/ZIP: _____ Gender: M F

Home Phone: _____ SSN¹: _____

Grade to Enter²: _____ Date of Birth³: _____ Present Age⁴: _____

Parent/Guardian Information

Father/Guardian: _____ Mother/Guardian: _____

Address: _____ Address: _____

City/State/ZIP: _____ City/State/ZIP: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

E-mail⁵: _____ E-mail: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Dismissal Information

I authorize the following persons, in addition to parents/guardians above, to pick up my child from school:

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Emergency Contact Information

Family/friends to call in case of an emergency if you cannot be reached:

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Name: _____ Phone number: _____

¹ PCS is allowed to request SSNs for record-keeping purposes under Public Law 93-579. We have a strong commitment to ensuring the privacy and confidentiality of student records and will not disclose this information without your consent for any purpose except as allowed by law.

² Entrance grade is finalized after a review of grades and attendance records.

³ Students entering 1st Grade *must* be 6 years old on or before 1 September of the current year.

⁴ Students entering K-3 *must* be toilet-trained.

⁵ An e-mail address is required to access your student's grades, homework, and other information online (see student handbook for more info).

Parkview Christian School – 608 S. Eufaula Ave – Eufaula, AL 36027

No-Release List

Under no circumstances should my child be released to these persons (note - requires a court order):

Medical Information

Doctor's office or medical facility to call in case of an emergency situation:

Name: _____ Phone number: _____

Insurance carrier: _____ Policy number: _____

Please **initial one of each pair of boxes** that describes your wishes for providing medication to your child.

The school **MAY** administer over-the-counter items (ibuprofen, antacids, *etc.*) to my child

The school **MAY NOT** administer over-the-counter items to my child

I will bring and personally administer to my child all prescribed medications described below

The school may administer to my child prescribed medications that I provide described below

The school may administer these medications in the specified dosages at the indicated times:

Time(s)	Medication	Dosage

My child has these medical conditions, issues, or precautions:

My child has an allergy to these medications, foods, or items:

Other Information

Church we attend: _____

Number of siblings: Brothers Sisters Half-brothers Half-sisters

Living grandparents (check all that apply):
Father's father Mother's father
Father's mother Mother's mother

PCS Financial Contract

I/We, the undersigned, agree and understand that I am/we are undertaking an **unconditional** financial obligation to Parkview Christian School. This contract binds me/us to make payment(s) for the full amount of registration, tuition, and fees for the entire academic year, or a pro-rated portion thereof if my/our student enrolls after the beginning of the school year.

I/We understand that this amount is payable in full if I/we withdraw my/our student for any reason other than moving to another school district outside of Barbour County or if my/our student is expelled from Parkview Christian School for disciplinary issues.

I/We understand that my/our student’s records will not be released until the account is paid in full.

I/We agree to accept the rules, regulations, policies, and guidelines of Parkview Christian School and to support its educational philosophy, morals, dress code, attendance, disciplinary, and other standards.

I/We affirm that I am/we are the parent(s) and/or legal guardian(s) of the child(ren) listed below. I/We agree to furnish copies of their birth certificate(s) and/or any other legal papers pertaining to such guardianship.

I/We understand as the parent(s) and/or legal guardian(s) of the child(ren) listed below that I am/we are responsible for fulfilling all financial obligations incurred by my/our student, even if another individual, individuals, trust fund, or other financial arrangement provides full or partial payment for the tuition.

Responsible party #1: _____

SSN: _____

Signature: _____

Date of Signature: _____

Contact number: _____

Responsible Party #2: _____

SSN: _____

Signature: _____

Date of Signature: _____

Child #1 Name: _____

Child #2 Name: _____

Child #3 Name: _____

Notary Section

STATE OF ALABAMA
COUNTY OF BARBOUR

Before me, a Notary Public in and for said State and County, appeared the person named on this document, who after being duly sworn or affirmed, signed this document in my presence with full knowledge of and concurrence with its obligations.

Notary Public

My commission expires: _____ / _____ / 20

Notary Seal

This page intentionally left blank.

Care Before and After School

Parkview Christian School offers supervised care of your student both before and after school, commonly referred to as our Extended Day program. This program is available **only** to students currently enrolled at PCS. Siblings of PCS students **are not** eligible.

Before-School Care

Students may be dropped off no earlier than 7:15 AM on school days. PCS staff will be on-site to provide supervision of early arrivals. General arrival time is 7:45 AM. At that time, early-arrival students will be sent to their classrooms where they will be supervised by their teachers until class begins at 8:00 AM. There is no registration necessary for the early morning drop-off program. Cost of this care per child is \$1.00/day, which may be paid daily or weekly. You may also choose to let the charges accrue to your student’s account and pay at the end of each month.

After-School Care

We provide supervised care for both half-day and full-time students after normal school hours. Half-day students have the option of staying until 3:30 PM or 5:30 PM. Students who are not picked up by 3:15 PM will go to the extended day classroom; no charges for the day will accrue until 3:30 PM, after which time the daily fee will be charged to their account.

In the afternoon, there is a study hall time for students to do homework, a recreation period, and a light snack. Students may go to the extended day classroom after their regular school day has ended. Parents, guardians, or another authorized party **must pick up their students no later than 5:30 PM**. After that time, penalty fees will be charged. **Your signature is required below** to acknowledge the late fee structure, even if you do not enroll your child in the extended day program.

Registration for the extended day program is required to receive the reduced weekly rates below. All others will be charged the higher daily rate for each day the student is in the program. Registration requires parents/guardians to sign at the bottom of this page to acknowledge the rates and fees, to complete the form on the back of this page with the student’s information, and to pay the annual fee.

<u>Extended Day Program</u>	<u>Fees</u>
Annual registration	\$35.00
Monthly rates	
- 3:00-5:30 PM, pre-school.....	\$150.00
- 3:00-5:30 PM, K5 & up.....	\$120.00
Weekly rates	
- 3:00-5:30 PM, pre-school.....	\$45.00
- 3:00-5:30 PM, K5 & up.....	\$35.00
Daily rates	
- 11:30 AM-3:30 PM, pre-school.....	\$15.00
- 11:30 AM-5:30 PM, pre-school.....	\$25.00
- 3:30-5:30 PM, K5 & up.....	\$15.00
Late fees (per minute, after 5:30PM by our clock)	
- 1-15 minutes, per minute.....	\$1.00
- 16-30 minutes, \$15 plus per minute..	\$2.00
- 31 minutes+, \$45 plus per minute.....	\$3.00

I have read and fully understand the after-school care charges, policies, and pick-up requirements on this form.

PLEASE CHECK ONE BOX

I AM registering my child at this time

I AM NOT registering my child at this time (daily and late fees will be charged when applicable)

Signature of Parent/Guardian Date

After-School Care Registration Form

Student Information

Full Name: _____ Goes By: _____
Home Address: _____
City/State/ZIP: _____
Grade: _____ Birthday: _____ Age: _____
Father's Name: _____ Mother's Name: _____

Pick-up Information

List the names and relationships of all persons you authorize to pick-up your child.

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

No-Release List

Under no circumstances should my child be released to these persons (note - requires a court order):

Medical Information

List all allergies or medical conditions that we should know about when caring for your child.

Emergency Information

List the name and phone number of the doctor or medical facility to call in the event of an emergency.

Name: _____ Phone: _____

List the names, relationships, and phone numbers to call in the event of an emergency (in this order).

1. _____ 2. _____
3. _____ 4. _____

Release of Liability and Assumption of Risk Agreement

In consideration of my minor child or ward being allowed to participate in any way in any related events and activities of Parkview Christian School, a ministry of Parkview Baptist Church, an Alabama nonprofit corporation (“Church”), I, the undersigned parent or legal guardian, acknowledge and agree that:

1) I certify that I am nineteen (19) years of age or older, and am the parent or legal guardian for the minor child or ward named below and have legal responsibility for him or her. By my minor child or ward participating in Church related events and activities, along with other participants, there are certain risks to my child or ward arising from or related to possible exposure to communicable diseases including, but not limited to, the “severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)” virus, which is the source of the infectious disease known as “COVID-19”, and/or any mutation or variation thereof (collectively referred to as “Communicable Diseases”). I am aware of the uncertainty and seriousness of these Communicable Diseases and the uncertain efforts by government and health care experts to provide guidelines to reduce or avoid infection. I am fully aware there are known and unknown hazards, up to and including death, associated with such Communicable Diseases. I knowingly and voluntarily assume full responsibility for any and all risks of personal injury, death, or other loss that my child or ward may sustain in connection with such Communicable Diseases.

2) I, for myself and for my minor child or ward, and on behalf of my/our heirs, next-of-kin, assigns, beneficiaries, executors, administrators, and personal representatives (the “Releasing Parties), **HEREBY EXPRESSLY RELEASE, HOLD HARMLESS, AND FOREVER DISCHARGE CHURCH** and its officers, officials, agents, representatives, employees, and other participants (the “Released Parties”), from any and all claims, demands, suits, causes of action, losses, and liability of any kind whatsoever, whether in law or equity, arising out of or related to any **ILLNESS, INJURY, DISABILITY, DEATH, OR OTHER DAMAGES** incurred due to or in connection with any Communicable Diseases, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHERWISE**, to the fullest extent permitted by law. I agree that this Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Alabama, and if any part hereof is held invalid, I agree the remainder shall continue in full legal force and effect.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I, ON MY BEHALF AND ON BEHALF OF MY MINOR CHILD OR WARD, AND THE RELEASING PARTIES, HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. I UNDERSTAND I AM FREE TO SEEK INDEPENDENT LEGAL COUNSEL PRIOR TO SIGNING.

X _____
Parent or Guardian Signature _____
Date

Print Name of Above Signature: _____

Print Name of Child or Ward: _____

Age of Child

X _____
Witness Signature

Print Name of Witness: _____

DHR Exemption Status

Child care centers and family child care homes in Alabama are licensed by the Alabama Department of Human Resources (DHR) with renewal every two years. However, Parkview Christian School is exempt from licensing and inspection by DHR on a faith-based exemption.

Faith-based license exempt facilities are defined by DHR as preschool programs which are an integral part of a local church ministry or a religious nonprofit elementary school, and are so recognized in the church or school's documents, are not required to be licensed by DHR unless they are receiving state or federal funding for children in their care. Additionally, these facilities must have submitted the required documents to DHR and have received a letter of exemption that must be renewed each year.

The affidavit on the following page is part of the documentation we must submit as part of that annual renewal. Only parents of preschool students must complete this form; all other parents do not need to complete the form. Please return the form to the Parkview Christian School office where we will notarize it for you free of charge. You must return the form no later than the first date of attendance.

Only complete the form if you have one or more students in Parkview's pre-kindergarten (Pre-K) program for 2-, 3-, and 4-year-old children.

Affidavit for Pre-school Parent or Guardian

STATE OF ALABAMA
COUNTY OF BARBOUR

Before me, a Notary Public in and for said State and County,
appeared _____ and is known to me,
after being duly sworn or affirmed, says as follows:

(1) that affiant is the parent or legal guardian of the minor
child/children _____; and,

(2) that affiant has been notified by _____,
a representative of Parkview Christian School, that said school has filed notice
and is exempt under law from regulation by the State of Alabama Department
of Human Resources.

Parent/Legal Guardian

Sworn or affirmed to and subscribed before me, _____ ,

this _____ day of _____, 20_____

Notary Public

My commission expires _____

