

# Parkview Christian School 2025-2026 Enrollment Package

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*"Building Christian character while achieving academic excellence since 1975."*

## Admission/Registration

PCS does not discriminate based on race, color, nationality, or ethnic origin in the administration of its educational policies, admission practices, or other school-administered programs. PCS may refuse admittance based on behavior, discipline, or learning disabilities. Beginning with 3-year-olds, students must be toilet-trained to enroll.

Registration opens to current students February 1st. Open enrollment starts March 1st.

Registration priority is given to current students with other applications prioritized by the dates of the application and payment. **Returning families must make all accounts, for all students past and present, current at reregistration. A non-refundable registration fee, due at time of enrollment, is required to ensure a position is available for your child. Returning students with unpaid balances on the last day of school will be placed on a waiting list.**

**The minimum age requirement for admission is determined by the student's age on September 1.**

### Items required for admission/registration:

- Zero balances for all family accounts, past and present
- Birth Certificate, Social Security card, Immunization record
- School Enrollment Form, Registration Fee (Non-refundable), Request for Academic Records

New students are enrolled on temporary academic probation. Testing of an applicant may be required to determine placement or to determine if the school can meet the child's needs (a nominal fee will be charged).

Once all registration requirements are completed, parents must sign the Contract Agreement contained in the registration packet. Parents and students must read the Student Handbook and sign the Agreement form.

If your preschool child stays for the entire school day (8 a.m. – 3 p.m.) please send a mat for your child, along with their blanket, pillow, and optional sleeping mate (small stuffed animal or toy).

### Withdrawal

Parents are to notify the school office prior to the last day of attendance and complete a written withdrawal form. The registration fee is non-refundable. The student's account will be checked, and **any money due must be paid immediately. No records will be released until all family accounts, past and present, are paid in full.**

### Financial Responsibility

All costs are due at enrollment and on the first business day of the month thereafter. **A \$15 late fee will be added to outstanding accounts on the 15<sup>th</sup>. If an account becomes 30 days past due, the student is unable to return to school until the account is made current unless prior arrangements have been made with the principal. After the second delinquent cycle in a year occurs, a pre-paid situation will be in effect before the student can return.** We accept check or cash in the office. Electronic payments can be made in the Brightwheel app. Tuition and fees may be paid in advance or in ten monthly payments.

# 2025-2026 Registration Form

*Please be sure to read the updated admissions policies for 2025-2026.*

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Referred by: \_\_\_\_\_

## Student Information

Name: \_\_\_\_\_ Goes By: \_\_\_\_\_

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

City/State/ZIP: \_\_\_\_\_ Gender: M F

Home Phone: \_\_\_\_\_ SSN<sup>1</sup>: \_\_\_\_\_

Grade to Enter<sup>2</sup>: \_\_\_\_\_ Date of Birth<sup>3</sup>: \_\_\_\_\_ Present Age<sup>4</sup>: \_\_\_\_\_

## Parent/Guardian Information

Father/Guardian: \_\_\_\_\_ Mother/Guardian: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail<sup>5</sup>: \_\_\_\_\_ 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: \_\_\_\_\_

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

<sup>2</sup> Entrance grade is finalized after a review of grades and attendance records.

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

<sup>4</sup> Students entering K-3 *must* be toilet-trained.

<sup>5</sup> An e-mail address is required to receive monthly invoice and other notifications from the school and your child's teacher.

**No-Release List**

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

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**Medical Information**

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

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ Policy number: \_\_\_\_\_

**The school may administer** to my child the prescribed medications listed 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:

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

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**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

**NOTE: To complete registration the following forms must be signed and notarized in person in the office:**

**PCS Financial Contract**

**Release of Liability Agreement**

**Pre-K DHR Affidavit Exemption Form (2, 3, and 4 year old classes only)**

## Parkview Christian Tuition and Fees 2025-2026

<b>Grade</b>	<b>Registration Fee</b>	<b>Annual</b>	<b>Monthly</b>
K-2/3/4 Half	\$260.00	\$3,000.00	\$300.00
K-2/3/4 Full	\$310.00	\$4,250.00	\$425.00
K5-2 <sup>nd</sup>	\$460.00	\$4,500.00	\$450.00
3 <sup>rd</sup> -6 <sup>th</sup>	\$460.00	\$4,500.00	\$450.00

Graduation fee for kindergarten and 5<sup>th</sup> or 6<sup>th</sup> grade, \$30

Tuition Discounts (one per child):

1. Full tuition payment at time of enrollment – 4%
2. Each additional child – 10%
3. Each child of an ordained minister of any faith – 10%
4. Each child of active and retired military, first responders, and utility line workers – 10%
5. Active Parkview Baptist Church member – 25%

**Discounts are revoked if accounts are late twice. Full tuition applies after the second delinquency.**

### Extended Day

Full-time after-school students will be charged the weekly fee that applies, **except for school holidays**. This program is available **only** to students currently enrolled at PCS. Siblings and other relations of PCS students **are not** eligible. All times are by our clock. **Daily fees are applied to students that do not need full-time service, but who have not been picked up by 11:45 a.m. (half-day) or 3:30 p.m. (full day) upon each occurrence.**

<b>Grade</b>	<b>Time</b>	<b>Weekly</b>	<b>Daily</b>	<b><u>Late &lt;15 mins</u></b>	<b><u>Late &gt;15 mins</u></b>
K2-5th	3:30-5:30 pm	\$45	\$15	\$1 per min	\$2 per min
Half day	11:45 am-3:30 pm	N/A	\$15	\$1 per min	\$2 per min
Half day	11:45 am-5:30 pm	N/A	\$25	\$1 per min	\$2 per min

***There will be a \$45 fee plus an additional \$3.00 per minute for those over 30 minutes late and they will be subject to removal from the program.***

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# PCS Financial Contract

1. 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. Payment for other charges incurred by my/our child (lunch, extended day, etc.) also are my/our responsibility.
2. 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.
3. I/We understand that my/our student's records will not be released until the account is paid in full.
4. 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.
5. 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 related to guardianship.
6. 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

Before me, a Notary Public, appeared the person(s) 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

## 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 entity ("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

Childcare centers and family childcare 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, are so recognized in the church or school's documents, and 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.

An affidavit from you is part of the documentation we must submit as part of that annual renewal. Only parents/guardians of preschool students must complete this form. If you were not given one when you picked up or submitted your registration packet, or if you downloaded the packet from our website, ask the office staff for a copy of the affidavit. 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. Your child's registration is incomplete if you fail to submit the form. Incomplete registration puts your child's place in the class at risk should a completed registration packet be submitted for another child.

**REMEMBER: Only request 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**

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 \_\_\_\_\_

