

**Pipe Creek Christian School**  
Re-Enrollment Checklist  
2018-19

Student Name \_\_\_\_\_ Date \_\_\_\_\_ Grade \_\_\_\_\_

Payment Schedule:

June 1, Curriculum Fee \$275.00 (Submitted with Re-Enrollment package) Date Paid \_\_\_\_\_  
Check/CC \_\_\_\_\_

Monthly Tuition (Aug 1-May 1) - \$300.00

Full Tuition (Paid by August 1) - \$3000.00

Tuition payments are made online through the Facts Website, <https://online.factsmgt.com/signin/4LQ9D>.

*Tuition* is divided into monthly payments beginning in August and ending in May. All tuition payments must be completed by May 10. All accounts must be current before a student's report card or records will be released.

Please sign and return the attached forms:

- Re-enrollment Form
- Medical Consent & Release
- Basic first Aid Treatment Consent
- Field Trip & Transport/Photo Permission & Release of Information
- Copy of current immunization card
- Copy *Tuition* is divided into monthly payments beginning in August and ending in May. All tuition payments must be completed by May 10. All accounts must be current before a student's report card or records will be released.

Available at the front desk:

- Calendar
- Supply List
- Uniform Guidelines

For office use only:

- Copy of Medical Forms to Nurse's Station
- Immunizations checked by Bandera Health Department
- Complete File
- File Cover Sheet

## Pipe Creek Christian School Re-Enrollment for 2018-19

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Resident Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Father/ Guardian \_\_\_\_\_ Occupation \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Mother/ Guardian \_\_\_\_\_ Occupation \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Main E-Mail Address \_\_\_\_\_

Church Attending \_\_\_\_\_

If student lives at an address other than the one above, please give the following:

Adult's Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

### Emergency Information

If the school is unable to contact you, please list other adults who will be responsible for your child. Please list all phone numbers for this person in order of preference:

1<sup>st</sup> Contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

1<sup>st</sup> Contact: Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

### Student Pick-Up Information

Please list those with permission to pick up your child from school.

Name	Phone Number	Relationship
_____	(H) _____ (W) _____ (C) _____	_____
_____	(H) _____ (W) _____ (C) _____	_____
_____	(H) _____ (W) _____	_____

(C) \_\_\_\_\_

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

**Pipe Creek Christian School**  
**Medical Consent and Release**  
**2018-19**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Home Address \_\_\_\_\_

Father/Legal Guardian's Name \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Mother/Legal Guardian's Name \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

If I cannot be contacted to make arrangements for emergency medical attention, I authorize a Pipe Creek Christian School staff member or Emergency Medical Service personnel to take my child to:

Licensed Physician's Name \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Hospital/Clinic \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

I give consent for all necessary treatment for the above named student when he is in the care of Pipe Creek Christian School. I shall be liable and agree to pay all costs and expenses incurred in connection with such medical or dental services rendered pursuant to this authorization, including transportation. If there is no insurance information provided, it means I do not presently have such insurance and personally assume all responsibility (including financial) for all medical services rendered for the student. Our signatures also serve to indicate our willingness for our Health Insurance Company:

Policy number: \_\_\_\_\_ to be billed for all medical fees and services. We release Pipe Creek Christian School, PCCS School Board, and staff from this liability.

List any specific medical conditions, chronic illnesses, or other conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any allergies to drugs, foods, insects, etc.: \_\_\_\_\_  
\_\_\_\_\_

List any health considerations that a doctor, hospital, or the school should know about the student:  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Father/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Mother/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE PROVIDE A COPY OF YOUR HEALTH INSURANCE CARD**

**Pipe Creek Christian School**  
**Basic First Aid Treatment Consent**  
**2018-19**

Student's Full Name \_\_\_\_\_ Grade \_\_\_\_\_  
 Address \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

In the event your child becomes sick or injured, we need your consent to administer basic first aid treatment. Please check the appropriate box of the over-the-counter medication(s), ointment(s), or cream(s) listed below that you authorize Pipe Creek Christian School to administer to your child. If your child is allergic or has adverse reactions to any of these medications, please circle each medicine and explain below.

<input type="checkbox"/> Latex (gloves used)	<input type="checkbox"/> Saltine Crackers
<input type="checkbox"/> Eye Wash	<input type="checkbox"/> Topical Analgesic (i.e. Benadryl Cream)
<input type="checkbox"/> Adhesive Bandages	<input type="checkbox"/> Antiseptic Wash
<input type="checkbox"/> Triple Antibiotic Ointment/Neosporin	<input type="checkbox"/> Hydrogen Peroxide
<input type="checkbox"/> Itch Cream	<input type="checkbox"/> Anbesol Jr. Mouth Pain Relief
<input type="checkbox"/> Vaseline Petroleum Jelly	<input type="checkbox"/> Benadryl Liquid (allergic reactions to stings or bites)

Comments and other information

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I hereby authorize Pipe Creek Christian School to administer basic first aid treatment to my child using any of the above marked medications.

\_\_\_\_\_  
 Signature of Father/Legal Guardian Date

\_\_\_\_\_  
 Signature of Mother/Legal Guardian Date

**If you want any over-the-counter medication(s) to be available for your child to be administered by a staff member, please provide such items in a zip lock bag with your family name on it. Include a *Family Medicine Form* for each medication. *Family Medicine Forms* available upon request.**

Examples: Acetaminophen (i.e. Tylenol), Ibuprofen (i.e., Motrin), Antacid (i.e. Mylanta or Tums), Cough Drops, Throat Lozenges, Lip Balm/Chapstick

**Pipe Creek Christian School**  
Field Trip Release and Consent to Transport  
Photo Permission and Release of Information

Student's Name \_\_\_\_\_

**Field Trip Release and Consent to Transport**

I understand that the following procedures will be implemented for notification of field trips:

- A. A notice from the student's teacher about activities, events and field trips will be sent home with the student.
- B. On a school field trip, the student will not be taken to any other additional location than the one indicated on the notification stating the event.

Please indicate below if you DO or DO NOT wish your child to participate in school sponsored field trips, activities and events:

I DO give permission for transportation and participation in school sponsored field trips, activities and events.

I DO NOT give permission for transportation and participation in school sponsored field trips, activities and events.

In giving permission, I agree to release and hold harmless, and by these premises do release and hold harmless, Pipe Creek Christian School, PCCS Board, its employees, volunteers, sponsors, and agents from all liability in connection with any and all such activities and discipline involving my child/student as named while being transported to and from or participating in school sponsored fieldtrips, activities or events.

**Photo Permission and Release of Information**

Students may have their pictures taken at various times for use in a newspaper, internet, and the annual yearbook, etc. Please indicate below if you DO or DO NOT wish to have your child's pictures published, identifying them by name.

I DO  I DO NOT give permission for photographs.

I DO  I DO NOT give permission for release of information.

\_\_\_\_\_  
Signature of Father/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mother/Legal Guardian

\_\_\_\_\_  
Date

