

Philadelphia Christian Center Academy
2990 Street Road, Bensalem, PA 19020
Financial Agreement/Contract 2018-2019 School Year
Kindergarten

This is a binding contract between _____ and
Parents Name

Philadelphia Christian Center Academy regarding the education of _____
Child's Name

I understand that my child will be educated in the fundamentals of the language arts, math, science, and health. I also understand that my child will receive an education that is Biblically based, using curriculum that is written from a Christian perspective. I also understand that my child will be taught Bible stories, prayer, and other fundamentals that are consistent with the Christian faith. I understand that Philadelphia Christian Center Academy will offer the required time and/or days required by the PA Department of Education and that if the student is absent for more than three days without notice, Philadelphia Christian Center Academy is required by the PA Department of Education to notify the local school district of the absence.

I understand that the tuition policy is based upon grade and I choose to use the following methods for payment of Academy tuition and extended care fees for my child:

_____ Registration fee \$50.00 (for new enrollment only) **Non Refundable**

_____ Curriculum fee \$250.00 **Non Refundable**

_____ One payment of \$4,400.00 less 3% discount if paid prior to July 15th. **(Payment by cash or check only) Non Refundable**

_____ Two payments of \$2,200.00 less 1% is paid by Aug. 3rd and Jan. 1st. **Non Refundable**

_____ Ten payments of \$440.00 beginning Aug. 3rd due on the first of the month for every month that follows.

_____ Before/After School care is \$50.00 per week or \$200.00 per month.

This contract is a binding legal document. I understand that once my child is enrolled I am liable to pay full tuition. If I withdraw my child I understand I am still responsible to pay. _____

All tuition is due before the 1st day of each month. There will be a late charge of \$30 for any late payment. In the event that the 1st of the month is a weekend, holiday, or a day that the school is officially closed, then the monthly payment will be due on the next available school day. _____

There will be a \$35.00 fee for any returned check. Once a check has been returned for insufficient funds, we will accept only cash or money order for tuition payment. _____

No deduction is to be made to tuition due to absences, holidays, snow days, etc. _____

The dress code for Philadelphia Christian Center Academy consists of a burgundy knit shirt, either long or short-sleeve, and khaki pants, shorts or skirt. The shirt is to be ordered thru FrenchToast.com so that the style and color will be consistent for the entire school. _____

I understand the financial agreement and enter into it willingly.

Parent Signature

Date

Parent Signature

Date

Principal's Signature

Date

Emergency Contact / Parental Consent Form

State law requires that we have written authorization from a child's legal guardian to seek medical help in the event of a medical emergency. Signing the statement at the bottom of this letter will provide us with that authorization. Our policy, in the event of a medical emergency is to contact you first. If we can't contact you, we will try to contact any others you may designate. In the event that we are unable to contact you or your designated representative(s), or if the medical emergency warrants immediate response, we will act, on your behalf and in the best interests of the child.

Please Sign and Date Here: X _____ **Date** _____

Child's Name	Birthday
Address	
Mother's Name/Legal Guardian	Home Telephone Number
Address	Email Address
Business Name	Business Address
Business Telephone Number	
Address	
Father's Name/Legal Guardian	Home Telephone Number
Address	Email Address
Business Name	Business Telephone Number
Address	
Emergency Contact Person(s)	Telephone Number When Child Is In Care
Person(s) To Whom Child May Be Released	Address
Telephone Number When Child Is In Care	
Name of Child's Physician/Medical Care Provider	Telephone Number
Address	
Special Disabilities (if any)	Allergies (Including Medication Reaction)
Medical or Dietary Information Necessary in an Emergency Situation	Medication Special Conditions
Additional Information on Special Needs of Child	
Health Insurance Coverage for Child or Medical Assistance Benefits	Policy Number (Required)

Parent's Signature Is Required for Each Item Below to Indicate Parental Consent

Obtaining Emergency Medical Care	Admin. of Minor First-Aid Procedures
X	X
Walks and Trips	Transportation by the Facility
X	X

Signature and Date of Parent or Guardian: X _____

Signature and Date of Parent or Guardian: _____