



**Child's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**EMERGENCY CONTACT'S** (If both parents are NOT AVAILABLE the following people will be called in an emergency )

PLEASE WRITE IN "CALL" ORDER.

NAME	HOME #	WORK #	RELATIONSHIP
1. _____			
2. _____			
3. _____			
4. _____			

**PICK-UP INFORMATION** (The following people have my permission to pick-up my child)

NAME	HOME #	WORK #	RELATIONSHIP
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			

**IF OTHER THAN PSCA**

Last year's school: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Phone Number: (\_\_\_\_) \_\_\_\_\_

**SPECIAL RELATIVES / FRIENDS important in my child's life**

We like to keep grandparents, relatives and special friends involved and informed about PECAN STREET CHRISTIAN ACADEMY. Please list these people in the spaces below:

**\*\*INCLUDE IN ADDRESS: CITY, STATE, ZIP CODE\*\***

NAME: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_

NAME: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_

NAME: \_\_\_\_\_  
Address: \_\_\_\_\_  
Relationship to student: \_\_\_\_\_

## HEALTH INFORMATION

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Student's Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Student's Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**HEALTH CONDITIONS:** List any conditions such as heart, lung, muscle diseases, diabetes, epilepsy, severe allergies or allergies to medicines or foods, migraine headaches, eye, ear, throat problems, asthma, etc.

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the applicant ever received a psychological or psychiatric evaluation (including ADD/ADHD)? \_\_\_ Yes \_\_\_ No

If yes, date: \_\_\_\_\_ Please explain, including diagnosis and treatment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICATION:** Is your child on any LONG-TERM medications? YES NO

Medication Name: \_\_\_\_\_  
For what condition? \_\_\_\_\_  
\_\_\_\_\_

**ALLERGIES:** List food and/or drug allergies. Describe reaction and list remedy in case the allergy occurs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICINES MAY BE BROUGHT AND 'STORED' AT PSCA DURING THE SCHOOL YEAR FOR YOUR CHILD:** Tylenol, Cough Drops, Asthma Inhaler, Cold/Allergy Medicine, etc. The medication is labeled, stored, and administered by office personnel, on an as needed basis to your child only.

In case of an **EMERGENCY**, we will notify in the following order:

"CALL #"

# \_\_\_\_\_ Mother - Home # \_\_\_\_\_ Work # \_\_\_\_\_

# \_\_\_\_\_ Father - Home # \_\_\_\_\_ Work # \_\_\_\_\_

# \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

# \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

# \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_

**Insurance Provider:** \_\_\_\_\_

**(Submit a current copy of your insurance card)**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

## AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facilities person in charge, at PECAN STREET CHRISTIAN ACADEMY to transport my child to the nearest hospital.

I give my consent for necessary emergency treatment when my child is in the care of a physician and/or hospital/clinic.

I will not hold PECAN STREET CHRISTIAN ACADEMY financially responsible for the emergency care and/or transportation for said child.

\_\_\_\_\_  
Parent/Legal Guardian Signature

## TRANSPORTATION

I give permission for my child \_\_\_\_\_ to be transported by PECAN STREET CHRISTIAN ACADEMY. I will be notified in advance as to where and when my child will be gone.

\_\_\_\_\_  
Parent/Legal Guardian Signature

**PHOTOGRAPHS:** I hereby \_\_\_give\_\_\_ do not give consent for my child to be photographed.

\_\_\_\_\_  
Parent/Legal Guardian Signature

**WATER ACTIVITIES:** I hereby \_\_\_give\_\_\_ do not give consent for my child to participate in water activities.

\_\_\_\_\_  
Parent/Legal Guardian Signature

**SCHOOL-AGE CHILDREN:** I hereby \_\_\_give\_\_\_ do not give consent for my child:  
\_\_\_ to walk to & from home \_\_\_\_\_ to walk to & from school  
\_\_\_ to be released to the care of sibling under 18 years-old  
Name of sibling(s): \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Signature

**Child's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**PARENT QUESTIONNAIRE: (attach additional sheets if necessary)**

1. How did you find out about Pecan Street Christian Academy? \_\_\_\_\_  
\_\_\_\_\_

2. How do you see yourself being involved in the educational process of your child? \_\_\_\_\_  
\_\_\_\_\_

3. What *needs* do you recognize in your child?

**Spiritually:** \_\_\_\_\_  
\_\_\_\_\_

**Academically:** \_\_\_\_\_  
\_\_\_\_\_

**Behavioral:** \_\_\_\_\_  
\_\_\_\_\_

4. What *strengths* do you recognize in your child?

**Spiritually:** \_\_\_\_\_  
\_\_\_\_\_

**Academically:** \_\_\_\_\_  
\_\_\_\_\_

**Behavioral:** \_\_\_\_\_  
\_\_\_\_\_

5. Has the applicant ever been placed in a grade instead of being promoted? YES NO Which grade? \_\_\_\_\_

Why? \_\_\_\_\_  
\_\_\_\_\_

6. Has the applicant ever failed a grade or been retained? YES NO Which grade? \_\_\_\_\_

Why? \_\_\_\_\_  
\_\_\_\_\_

7. Has the applicant ever been refused admittance to any school(s), suspended or expelled from any school(s), placed on academic probation, or disciplinary probation? YES NO Which grade? \_\_\_\_\_

What type of problem? \_\_\_\_\_ Explanation: \_\_\_\_\_  
\_\_\_\_\_

8. Has the applicant ever received testing or services for a learning or speech disability? YES NO Grade: \_\_\_\_\_

Explain the services received and their purpose: \_\_\_\_\_  
\_\_\_\_\_

9. List any physical, mental, or emotional handicaps which may affect the applicant's activities or progress: \_\_\_\_\_  
\_\_\_\_\_

10. Has the applicant's curricular ever been modified to suit special needs? YES NO Grade: \_\_\_\_\_

Subject(s): \_\_\_\_\_

\*Does the applicant require any special curricular or classroom modifications? YES NO

Explain: \_\_\_\_\_

\*Is background paperwork available for PSCA, so we can greater assist your child? YES NO

From where? \_\_\_\_\_

11. Please indicate your **reasons** for choosing a private school (PSCA) for your child: \_\_\_\_\_  
\_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

## **STATEMENT OF CO-OPERATION**

In making application for my child, it is my desire to have him/her complete the school year at PECAN STREET CHRISTIAN ACADEMY.

It is my understanding that the policy of PECAN STREET CHRISTIAN ACADEMY is to make no refunds on registration fees. I pledge to pay my financial obligations to PECAN STREET CHRISTIAN ACADEMY on the dates due so that the School may meet its obligations in a timely manner.

I have received and read my PECAN STREET CHRISTIAN ACADEMY Parent /Student Handbook and will abide by the rules and regulations stated in this book so the School can maintain order and consistency for all students.

I have received a copy of PECAN STREET CHRISTIAN ACADEMY'S Uniform Dress Code handout. I hereby agree that my student will abide by the Dress Code as outlined in the Uniform Dress Code handout.

I understand that the policy of PECAN STREET CHRISTIAN ACADEMY is that no school records will be transferred unless my account is paid in full.

I absolve PECAN STREET CHRISTIAN ACADEMY from any liability due to injury to my child or my family at school or during any school functions. The School has a copy of my current medical insurance on file.

I understand that PECAN STREET CHRISTIAN ACADEMY does not have facilities for the education of children with mild to severe special education needs or learning disabilities, nor emotional problems, nor disciplinary problems.

I understand that PECAN STREET CHRISTIAN ACADEMY mission in education is to provide an advanced and gifted program, which is not suitable for all children.

I understand that I will be responsible for my child's actions while he/she is on PECAN STREET CHRISTIAN ACADEMY grounds and/or at a school function.

I understand that I must complete the parent requirements consisting of orientation upon enrollment, or I will be subject to a fine.

I understand that PECAN STREET CHRISTIAN ACADEMY requires each student to refrain from belligerent speech, profanity, indecent language or actions, cheating, stealing, etc. The School has a low tolerance for these offenses, which will result in a disciplinary action such as detention, probation, suspension and/or dismissal. The School strives to maintain order and provide a Christian atmosphere for all students.

I understand that PECAN STREET CHRISTIAN ACADEMY expects all students to complete class assignments and maintain a non-failing grade average in order to remain eligible for enrollment.

I understand that discipline of my child will include participation by at least one parent, preferably both parents and that discipline is not the sole responsibility of the teacher or the PECAN STREET CHRISTIAN ACADEMY staff.

**Upon these understandings, I hereby agree to accept all policies and regulations of PECAN STREET CHRISTIAN ACADEMY in my student's behalf and it is my desire to enroll my child in PECAN STREET CHRISTIAN ACADEMY.**

\_\_\_\_\_  
Father/Legal Guardian

\_\_\_\_\_  
Mother/Legal Guardian

\_\_\_\_\_  
Student (4<sup>th</sup> - 8<sup>th</sup> grade only)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE