



Dear Applicant,

Thank you for your interest in Perryton Christian Academy. We are humbled and grateful for your consideration in educating your child(ren) and look forward to getting to know you better through this process.

Please fill out the application and paperwork that is included and include the \$50 application fee. You can drop it off at our campus located at 1800 SW 24th St. You may also mail it to PO Box 1251, Perryton, TX 79070. Applications will be processed once all the paperwork and documentation have been received. Please note that the health screening that requires a doctor's signature may be completed by your doctor at your next well-check visit and turned in once completed or by the first day of school.

Enrollment opens in November, and we close enrollment as soon as our classes are full. We will notify you as soon as your application has been processed, usually within a few weeks of receiving it!

Perryton Christian Academy is a Christian community school assisting families by providing excellence in academics while instilling biblical principles in students' lives so they might impact their society for Christ. We support families seeking a loving, caring, and Christ-centered academic environment, equipping students with the character and skills to navigate life successfully for God's service. From preschool - 5th grade we are an evangelical school. This means that all students whether born-again believers in Christ or not are welcome at our school. We believe evangelism to students and parents is an important part of the Academy's educational process.

If you have any questions, please feel free to call me or text me at (806) 228-9069 or email me at [jknowlton@perrytonchristian.org](mailto:jknowlton@perrytonchristian.org). I look forward to working with you!

Blessings,

Jana Knowlton  
Administrator  
Perryton Christian Academy

# Perryton Christian Academy

PO Box 1251, Perryton, TX 79070

806-228-9069

## Student Application 2023-2024

Applying for Grade:  2-yr-old Little Lions  3-yr-old Little Lions

*Perryton Christian Academy admits students of any race, color, national origin, or ethnicity to all the rights, privileges, programs, and activities made available at the school.*

### STUDENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender (  ) Male (  ) Female

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Has the applicant ever repeated a grade? If yes, please explain: \_\_\_\_\_

School last attended: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
In applying for admission, I authorize other schools/daycares, counselors, or physicians to release and share with PCA information and records regarding my child's educational, developmental, and behavioral progress.

### FAMILY/GUARDIAN INFORMATION

Father's/Guardian's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Title: \_\_\_\_\_ Occupation: \_\_\_\_\_

Lives with student  Yes  No Responsible for Billing for Tuition and Fees  Yes  No  
.....

Mother's/Guardian's Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

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

Email Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Title: \_\_\_\_\_ Occupation: \_\_\_\_\_

Lives with student  Yes  No Responsible for Billing for Tuition and Fees  Yes  No

If parents are divorced, please indicate who has legal custody: \_\_\_\_\_

If one parent has sole primary custody, custodial legal documents are required by the school prior to enrollment.

# MEDICAL HISTORY - to be completed by the parent or guardian

## General Medical Information

Are there any special factors, conditions, or other reasons that the applicant cannot participate fully during normal school activities, including any special medications, allergies, or anything affecting your child about which the school needs to be informed? ( ) Yes ( ) No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Does the applicant have any physical, mental, or emotional problems? ( ) Yes ( ) No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Has the applicant been recommended for or undergone any developmental or educational testing to determine the existence of learning disabilities or need for special education services? ( ) Yes ( ) No If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Does the applicant take prescription medication daily? If yes, please list:  
Medication(s): \_\_\_\_\_ Purpose: \_\_\_\_\_  
\_\_\_\_\_

Please complete information on any of the following at apply to the applicant:

Hospitalizations: \_\_\_\_\_

Surgeries: \_\_\_\_\_

Allergies: \_\_\_\_\_

Handicaps: \_\_\_\_\_

Is your child currently under ongoing doctor's care \_\_\_\_\_ If so, for what reason? \_\_\_\_\_  
\_\_\_\_\_

Please check if your child has a history of any of these: Convulsions \_\_\_\_\_ Diabetes \_\_\_\_\_ Heart trouble \_\_\_\_\_

Any other health concerns that you feel we should know about? \_\_\_\_\_  
\_\_\_\_\_

## CHURCH INFORMATION

***Church membership and attendance are not required. But we like to know what churches are represented in our student population if you do attend church.***

Church: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

## MISCELLANEOUS INFORMATION

Does the applicant have any siblings? ( ) Yes ( ) No If yes, please list the other children:

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_





# Admission Agreement 2024-2025

---

(Student Name)

---

(Date of Birth)

*Perryton Christian Academy is a community Christian school assisting families by providing excellence in academics while instilling biblical principles in student's lives so they might impact their society for Christ. We support families seeking a loving, caring, and Christ-centered academic environment, equipping students with the character and skills to navigate life successfully for God's service. From preschool - 5th grade we are an evangelical school. This means that all students whether born-again believers in Christ or not are welcome at our school. We believe evangelism to students and parents is an important part of the Academy's educational process. Beginning with middle school we turn our focus to becoming a discipleship school. This means that the student or at least one of the parents professes to be a born-again believer in Jesus Christ.*

This admission agreement is made between Perryton Christian Academy and the parent(s) or legal guardian(s) of the student. In consideration of the services provided by PCA, the parent or guardian agrees as a condition of enrollment of their student, to abide by the terms and conditions of this as follows:

1. The parent/guardian agrees that the parent(s) and the student will cooperate fully with PCA to ensure full compliance with all health, safety, and discipline rules and policies.
2. The parent/guardian agrees to keep the school informed of any medical or behavioral concerns and/or changes of their student throughout the time of enrollment.
3. The parent/guardian agrees to partner with PCA for the education of their child and will work with PCA personnel, including handling complaints, disagreements, and/or legal matters in a professional manner as outlined in the Handbook.
4. The parent/guardian agrees to abide by financial terms and conditions including payment of all fees, tuition, and aftercare charges.
5. The parent/guardian agrees that enrollment may be terminated by either party without cause and that the parent is responsible for any fees and costs incurred before termination of enrollment.
6. The parent/guardian agrees to pay for any property damage or medical services resulting from the child's care and acknowledges that PCA cannot be responsible for the child's lost or damaged property.

We have read all of the above information and agree to our child's admission into PCA under these terms.

---

(Parent or Guardian Signature)

---

(Date)

---

(Parent or Guardian Signature)

---

(Date)



# Permissions and Acknowledgements 2024-2025

\_\_\_\_\_  
(Student Name)

\_\_\_\_\_  
(Date of Birth)

### **Water Play Permission**

I permit my child to participate in water play activities at or away from the Academy, such as sprinkler play (on non-slip surfacing), swimming pools (with proper precautions and lifeguards), and wading pools.

\_\_\_\_\_  
(Parent or guardian signature)      (date)

### **Acknowledgement of receipt of Handbook, Discipline Policies, and Child Abuse and Neglect Policies**

I acknowledge I have received PCA's student handbook and agree to abide by the policies therein. I also received a copy of the Academy's discipline policies and a copy of the Academy's and the State's policies regarding Child Abuse and Neglect (all are made available to you on our website at [www.perrytonchristian.org](http://www.perrytonchristian.org)).

\_\_\_\_\_  
(Parent or guardian signature)      (date)

### **Permission to Photograph**

My child's photograph may be used as indicated below:

Display in the classroom, classroom work and artwork

PCA Yearbook

Private PCA Parent Facebook page

Public media such as Newspapers, public Facebook posts,  
and/or promotional materials

Yes

No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Parent or guardian signature)

\_\_\_\_\_  
(date)

# PCA Little Lions Tuition Schedule 2024-2025

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

**TUITION FEES (all are non-refundable)**

Application Fee - \$50 (new students only)

Supply Fee - \$125

Little Lions Mother's Day Out

\$125/month for Tuesday and Thursday's (2-year-olds)

\$1,250 per 10 month school year

\$150/month for Monday, Wednesday, and Friday's (3-year-olds)

\$1,500 per 10 month school year

**TUITION PAYMENT OPTIONS: Please indicate your preference for Tuition payment.**

\_\_\_\_\_ Pay in full – Due August 1, 2024

\_\_\_\_\_ 10-month Payment – 10 monthly payments due on the 1<sup>st</sup> of each month from August 1, 2024 – May 1, 2025

\_\_\_\_\_ Other if arranged with Mrs. Cowan: \_\_\_\_\_

\_\_\_\_\_ **Personal or business check**

\_\_\_\_\_ **Cash**

\_\_\_\_\_ **ACH automatic withdrawal (please attach voided check with your banking information)**

**FEE PAYMENT OPTIONS: Please indicate your preference for Fee payment.**

\_\_\_\_\_ **Personal or business check**

\_\_\_\_\_ **Cash**

\_\_\_\_\_ **ACH automatic withdrawal (please attach the voided check with your banking information and completed ACH Form)**

**I agree to pay all tuition, fees, and aftercare charges for my child's enrollment at PCA.**

\_\_\_\_\_

Parent or Guardian Signature

\_\_\_\_\_

Date

**Authorization for Automated Deposits  
(ACH Credits)**

Company/Employer Name: \_\_\_\_\_

Company/Employer ID Number (optional): \_\_\_\_\_

I (we) hereby authorize **Perryton Christian Academy**, hereinafter called Company,, to initiate credit entries and to initiate, if necessary, debit and adjustments for any credit entries in error to my (our) checking / savings account (select one below) indicated below and the depository named below, hereinafter called Depository, to credit and/or debit the same to such account.

Name on Bank Account: \_\_\_\_\_

Depository/Bank Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Account: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Routing/ABA # \_\_\_\_\_ Account # \_\_\_\_\_

Name (signature) \_\_\_\_\_ date \_\_\_\_\_

Name (signature) \_\_\_\_\_ date \_\_\_\_\_

Employer ID Number \_\_\_\_\_

**Please attach a voided check if a checking account is selected.**

FOR COMPANY USE ONLY

Date received:

Processed by:





# Authorized Drop-off and Pick-up 2024-2025

\_\_\_\_\_  
(Student Name)

\_\_\_\_\_  
(Date of Birth)

1.

\_\_\_\_\_  
*(Name of Person authorized to pick up your child)*

\_\_\_\_\_  
*(Driver's License #)*

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(Phone #)*

\_\_\_\_\_  
*(Alternate Phone #)*

2.

\_\_\_\_\_  
*(Name of Person authorized to pick up your child)*

\_\_\_\_\_  
*(Driver's License #)*

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(Phone #)*

\_\_\_\_\_  
*(Alternate Phone #)*

3.

\_\_\_\_\_  
*(Name of Person authorized to pick up your child)*

\_\_\_\_\_  
*(Driver's License #)*

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(Phone #)*

\_\_\_\_\_  
*(Alternate Phone #)*

4.

\_\_\_\_\_  
*(Name of Person authorized to pick up your child)*

\_\_\_\_\_  
*(Driver's License #)*

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(Phone #)*

\_\_\_\_\_  
*(Alternate Phone #)*

5.

\_\_\_\_\_  
*(Name of Person authorized to pick up your child)*

\_\_\_\_\_  
*(Driver's License #)*

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(Phone #)*

\_\_\_\_\_  
*(Alternate Phone #)*

6.

\_\_\_\_\_  
*(Name of Person authorized to pick up your child)*

\_\_\_\_\_  
*(Driver's License #)*

\_\_\_\_\_  
*(Address)*

\_\_\_\_\_  
*(Phone #)*

\_\_\_\_\_  
*(Alternate Phone #)*

# CHILDREN'S MEDICAL REPORT

## *Little Lions*

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

Child's height \_\_\_\_\_ weight \_\_\_\_\_

Should activities be limited for this child? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

Does your child have any allergies or physical needs we should be aware of?

\_\_\_\_\_

*Please include a copy of Immunization Records, or use the chart below. Students not current on immunizations need an explanation from the doctor indicating the plan to bring immunizations up-to-date, or an exemption letter from parents. Students must meet State and Local requirements for exemptions to be granted.*

### IMMUNIZATION HISTORY

Enter the date of each immunization received.

VACCINE	#1	#2	#3	#4	#5
<b>DTaP</b> (diphtheria, tetanus and acellular pertussis) <b>5 doses</b>					
<b>Polio -4 doses</b>					
<b>Hib</b> (Haemophilus influenzae) <b>3-4 doses</b>					
<b>Measles - 2 doses</b>					
<b>Mumps – 2 doses</b>					
<b>Rubella – 1 dose</b>					
<b>Hepatitis B - 3 doses</b>					
<b>Varicella – 1 dose</b>					

If immunizations are missing, please explain: \_\_\_\_\_

\_\_\_\_\_

**Perryton Christian Academy  
Application Checklist**

- Student Application
- \$50 Application fee
- Copy of Birth Certificate
- If the applicant is receiving classroom accommodations due to a diagnosed learning difference, please submit current diagnostic testing and/or 504 plan.

**The following should be sent directly to the School Office by others:**

- Confidential Student Evaluation to be completed by a previous school counselor or principal
- Confidential Pastor's Recommendation

**Application Procedure**

**Admission Interview**

Once the completed application is received an interview may be scheduled. The admission interview is an opportunity to discuss philosophy compatibility, answer your questions and assess whether our program meets your needs.

**Acceptance**

Official acceptance (or non-acceptance) is communicated to all families in writing. All information from the application, interview, and testing will be taken into consideration to determine acceptance or non-acceptance. It will be determined on a case-by-case basis.

Perryton Christian Academy, Inc., admits students of any race, color, national origin, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate based on race, color, national origin, and ethnic origin in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.