

Pawleys Island  
**Christian Academy**  
 Preschool Center

• PO Box 777 • Pawleys Island, SC 29585 • (843) 237-9293 • FAX (843) 237-8960

Student's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Last School Attended: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Sex: \_\_\_\_\_

**Family Information**

<b>1<sup>st</sup> Family Member Name:</b>	<b>2<sup>nd</sup> Family Member Name:</b>
Relation to Student:	Relation to Student:
Employer's Name:	Employer's Name:
Occupation:	Occupation:
Business Phone:	Business Phone:
Cellular/Pager:	Cellular/Pager:
E-Mail:	E-Mail:
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Remarried
Graduate of High School? Years in College:	Graduate of High School? Years in College:
Do you consider yourself a Christian?	Do you consider yourself a Christian?
Year of conversion:	Year of conversion:
Religious Background:	Religious Background:
Church Home: Member? <input type="checkbox"/> Yes <input type="checkbox"/> No How Long?	Church Home: Member? <input type="checkbox"/> Yes <input type="checkbox"/> No How Long?
Describe your church attendance: <input type="checkbox"/> Active <input type="checkbox"/> Occasional <input type="checkbox"/> 2-3 times a year	Describe your church attendance: <input type="checkbox"/> Active <input type="checkbox"/> Occasional <input type="checkbox"/> 2-3 times a year
<b>Paternal Grandparents</b>	<b>Maternal Grandparents</b>
Grandmother:	Grandmother:
Grandfather:	Grandfather:
Address	Address
City State Zip	City State Zip
Phone E-Mail	Phone E-Mail

List names, ages, and grades of all school-aged children in your family:

- 1.
- 2.
- 3.



## **General Information**

We value each child as a special and unique gift from God. It is our goal to provide your child with a safe and happy learning environment that develops healthy, nurturing relationships with other children, with caring teachers, and most importantly with God. In an effort to prepare your child for kindergarten, we will provide a preschool program that promotes learning through hands-on play and discovery.

Please read the following information and if you have any questions, please call the Chief Administrator, Rick Kauffman at 843.237.9293.

### **1. Tuition**

Preschool tuition is \$210.00 per month for PICC members and \$220.00 per month for general public regardless of holidays or days absent. There is a nonrefundable \$150.00 registration fee. The registration fee holds your child's place until the preschool year begins. All tuition payments will be conducted via EFT (Electronic Fund Transfer). The transaction will be made on the 15th of each month. A curriculum fee of \$100 may be paid by check at time of registration or it will be drafted from your account on July 15.

### **2. Preschool Schedule**

Preschool will begin August 20 and its schedule will coincide with Pawleys Island Christian Academy. Our day will begin at 8:00 a.m., Monday through Friday. Children will not be allowed to enter the building any earlier than 7:45 a.m. Our day ends at 11:30 a.m. Children who have not been picked up by 11:40 will be escorted to the extended care program. There is a minimum charge of \$10 for 11:30 - 2:30 extended care and an additional charge of \$10 for 2:30 to 5:30 extended care. A late charge of \$5.00 will be assessed for each 10 minutes you are late for pickup at extended care. A school calendar will follow at a later date. Habitual lateness may result in dismissal.

### **3. Behavior and Discipline**

We believe in positive discipline for children rather than punishment. When children exhibit negative behaviors we will:

- (a) Tell them gently and firmly that their behavior is unacceptable.
- (b) Redirect them by showing them acceptable behavior.
- (c) Talk to the child about their behavior in private: reprimands will not be public.
- (d) Loss of privileges or time out will only be used as a last measure. Time outs are used to give the child time to cool off. Time outs will not exceed five minutes, and your child will not be left unattended. Major behavior challenges will necessitate a conference so we can arrive at a plan to help your child overcome their behavior issues.

#### **4. Illness**

Everyone's best interest is served if a sick child remains at home. Your child will not be allowed in preschool if he/she exhibits any of the following symptoms;

- Fever of 100° or more
- Diarrhea
- Unexplained rash (unless a doctor's note indicates it is non-contagious)
- Pinkeye
- Vomiting
- Chickenpox

If your child becomes ill while at school, you will be notified and he/she must be picked up within one hour.

#### **5. Health**

We will do our best to keep a healthy environment for the children. The most effective way to lessen the harmful effects of germs is the thorough and frequent hand washing. We will encourage the children to wash their hands often and require hand washing prior to snack time and after bathroom breaks.

Every child must have independent bathroom skills. Please make sure your child wears clothes that will make it easy for him/her to go to the bathroom on their own. Your child should wear comfortable clothes that you do not mind getting soiled.

#### **6. Snacks**

A mid-morning snack will be provided each day. Snacks will vary from day to day. On occasion we may have cooking activity for our snack time. This is always a fun learning experience for the children. If you would like to furnish snacks for your child's birthday, just inform your child's teacher ahead of time. We encourage parent participation.

#### **7. Supplies**

You will receive a complete list of items that your child will need prior to the opening of school. This list is also available on our website at [www.picapatriots.org](http://www.picapatriots.org). From time to time we will ask for your help to furnish some household items like paper towel rolls, coffee cans, etc. These items will be listed in our weekly newsletter. We thank you in advance for your help in this area.

#### **8. Field Trips**

You will receive notice when a field trip is being planned. Your child may not participate on a field trip unless you have signed a travel authorization form. These will be sent home with your child prior to the trip. A detailed description of the trip will be included with this form.

# **Pawleys Island Community Church and Academy Belief Statement**

1. We believe the Bible is the inspired Word of God.
2. We believe there is one God who reveals Himself in three separate and distinct persons: the Father, the Son, and the Holy Spirit.
3. We believe mankind was created good and upright but, by voluntary transgression, fell and is now separated from God, lost and without hope.
4. We believe Jesus is God in the flesh, fully divine and fully human.
5. We believe that through the shedding of His blood at the crucifixion, Jesus made salvation and His righteousness available to all who will believe, thus bridging the gap between God and mankind.
6. We believe Jesus died, was buried, and bodily rose from the dead (the resurrection).
7. We believe that after the resurrection, Jesus ascended to the Father and is presently engaged in building heaven and interceding for people.
8. We believe Jesus will return to earth to take His Church (those who believe in Him) to Heaven and will judge the world. (It is not necessary that we all believe alike concerning whether He is coming before, during, or after the Tribulation.)
9. We believe salvation comes by repentance for sin and a heartfelt faith in the Lord Jesus Christ, resulting in regeneration of the person. This salvation is entirely by the grace of our Lord, not of works. Works are excluded except as evidence of salvation.
10. We believe water baptism and the Lord's Supper are the two ordinances of the Church.
11. We believe baptism by immersion in water in the name of the Father, Son, and Holy Spirit is a symbol of identification with Jesus in His death, His burial, and His resurrection.
12. We believe the Lord's Supper is a memorial to the death, resurrection, and Second Coming of our Lord Jesus Christ.
13. We believe that all believers should seek, as the early disciples did, to live a life separated from the evils of the world and unto Christ. The Believer's standard of conduct should honor our Lord and His Church.
14. We believe the Bible clearly teaches eternal separation from God for the unsaved and eternal glory and service for the saved.
15. We believe the Holy Spirit comes to convict man of sin, regenerate the repentant believer, guide the believer into all truth, and indwell and give gifts to believers as He wills, that they may minister as Christ would to men. It is the Holy Spirit that empowers believers for lives fully devoted to God.
16. We believe God uses doctors, medicines, and other means of healing. God also provides divine healing in the Atonement.
17. We believe each believer is a priest of the Lord and has direct access to the Father through the Lord Jesus Christ.
18. We believe that the Church is the bride of Christ and that the local church is the means that God intends to use to evangelize the world and to disciple the believer.

I have read the above belief statement, and I understand them to be the beliefs of Pawleys Island Christian Academy.

Signature \_\_\_\_\_

# Medical History

It is mandatory that pupils who show symptoms of communicable diseases be excluded from classes until readmission is acceptable to school authorities. Your cooperation will be greatly appreciated. Thank you.

Pupil's Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Sex \_\_\_\_\_  
Father's Occupation \_\_\_\_\_ Mother's Occupation \_\_\_\_\_  
Father's Health \_\_\_\_\_ If deceased cause \_\_\_\_\_  
Mother's Health \_\_\_\_\_ If deceased cause \_\_\_\_\_

Has your child had chicken pox:  yes  no  received chicken pox immunization

Does your child have asthma or other breathing-related difficulties:  yes  no

If yes, please describe actions to be taken. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you child has allergies in the following areas, please describe trigger and reaction:

Food: \_\_\_\_\_

Insects: \_\_\_\_\_

Medication: \_\_\_\_\_

Environmental: \_\_\_\_\_

Other: \_\_\_\_\_

Please describe below any other medical conditions or information of which school personnel should be aware. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In an effort to better understand your child, please answer the questions below concerning his/her personality.

Is he/she shy? \_\_\_\_\_

How does he/she feel about school? \_\_\_\_\_

Would you characterize your child as overactive? \_\_\_\_\_

Does he/she have excessive fears? \_\_\_\_\_

Does he/she play well with others? \_\_\_\_\_

Does he/she have temper tantrums? Please describe. \_\_\_\_\_  
\_\_\_\_\_

Regular bedtime \_\_\_\_\_ Regular rising time \_\_\_\_\_

Does he/she eat breakfast? \_\_\_\_\_

**PICA Cooperative Agreement:** Believing that the school is an extension of the home, our desire is to work in partnership with parents to provide the very best education for all of our children. If there are questions concerning anything in this application or fact sheet please do not hesitate to ask. Our handbook details our mission, beliefs and policies. Our joy is to work in cooperation with our church, parents and children to provide a safe and happy environment.

**Parent Cooperation Agreement:** Believing that a child's schooling is most profitable in a spirit of unity and cooperation, I agree to cooperate in partnership with the school teachers and staff. If there is ever an area of concern or disagreement, I will abide by the principles of Matthew 18 by bringing concerns first to the person directly involved. Since Sunday is a day of worship for all (including staff and teachers) all school issues will be discussed Monday through Friday and not on Sundays at church services. I will pray for the school and staff, support the school in words and in deed, in activities and programs.

**School Activities:** We give permission for our child to take part in all school activities, and absolve the school from liability to us or our child because of injury during any school activity. In case of emergency or serious illness, we request the school contacts us first. If we are not available, please contact the designated emergency contact. If emergency contacts cannot be reached, the school has my permission to make whatever emergency arrangements deemed necessary for our child's treatment. If the emergency is life threatening and we cannot be reached, the physician has permission to act accordingly absolving the school of liability. You will receive details and permission forms for all off-campus events prior to the date of the event.

**Signature:** \_\_\_\_\_

**Payments**

All tuition payments will be conducted via EFT (Electronic Funds Transfer). The transaction will be made on the 15<sup>th</sup> of each month. Other fees can be paid by check to Pawleys Island Christian Academy. A \$35.00 charge will be added to your account for any NSF reports.

**Name (as shown on account):** \_\_\_\_\_

**Name of Bank:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Routing Number:** \_\_\_\_\_

Pawleys Island Christian Academy admits students of any race, color, national or ethnic origin to all of the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admissions policies, or other school administered programs.

**To be completed by a guardian:**

1) What are your goals for your child?

---

---

---

2) Why do you want to enroll your child at PICA?

---

---

---

3) Applicant's extracurricular interests, abilities and achievements:

---

---

---

4) If your child has had any problems in school, please explain:

---

---

---

---

**Mission Statement**

The mission of Pawleys Island Christian Academy is to provide academic excellence in a Christian environment.

Yes      No

- Do you understand and agree with the above Mission Statement of Pawleys Island Christian Academy?
- Is your child passing all subjects?
- Has your child had disciplinary problems in his or her previous school?
- Has your child been suspended or expelled at another school?
- Is your child a ward of the court, has your child been under jurisdiction of the court, or has your child committed a felony?

Please explain: \_\_\_\_\_  
\_\_\_\_\_

---

**Application Checklist**

- Application fee is attached. (\$150.00 first child, \$100.00 each additional child)
- All sections of the application are complete and signed.
- A copy of SC DHEC Immunization Form 1148 is attached.
- A copy of your child's birth certificate and social security card is attached.
- The office has been contacted for a test date if no previous diagnostic test has been taken. Regrettably, PICA does not have the capability to serve special needs students.
- Proof of medical insurance. (If uninsured please notify school administrator)

An interview with the principal is required for both custodial parents.

I have included all of the above.

Signature \_\_\_\_\_ Date: \_\_\_\_\_