



PENN CHRISTIAN ACADEMY
Application For Admission
50 W. Germantown Pike, Norristown, PA 19401

Phone: 610-279-6628
Extension 114
Fax: 610-279-1956
E-Mail: lbearden@pennchristian.org

Date: _____

Enrollment For School Year 20____ - 20____

FAMILY INFORMATION

Mother

Father

Name _____

Name _____

Address _____

Address _____

Phone _____ Cell _____

Phone _____ Cell _____

E-Mail _____

E-Mail _____

Marital Status _____ S.S.# _____

Marital Status _____ S.S.# _____

Church You Attend _____

Church You Attend _____

Church Address _____

Church Address _____

Phone _____ Pastor's Name _____

Phone _____ Pastor's Name _____

Employer _____

Employer _____

Address _____

Address _____

Phone _____ E-Mail _____

Phone _____ E-Mail _____

Occupation/Title _____

Occupation/Title _____

ENROLLMENT INFORMATION

Child's Name: _____ D.O.B.: ____/____/____ Sex: Male Female

- | | | | | |
|--|--|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> 3 Y.O./ 2 Half Days. . . \$1950 | <input type="checkbox"/> 4 Y.O./ 3 Half Days. . . \$2700 | <input type="checkbox"/> Gr. 1 | <input type="checkbox"/> Gr. 2 | <input type="checkbox"/> Gr. 3 |
| <input type="checkbox"/> 3 Y.O./ 2 Full Days. . . \$2450 | <input type="checkbox"/> 4 Y.O./ 3 Full Days. . . \$3275 | \$5825 | | |
| <input type="checkbox"/> 3 Y.O./ 3 Half Days. . . \$2700 | <input type="checkbox"/> 4 Y.O./ 5 Half Days. . . \$3450 | <input type="checkbox"/> Gr. 4 | <input type="checkbox"/> Gr. 5 | |
| <input type="checkbox"/> 3 Y.O./ 3 Full Days. . . \$3275 | <input type="checkbox"/> 4 Y.O./ 5 Full Days. . . \$5250 | \$5975 | | |
| <input type="checkbox"/> 3 Y.O./ 5 Half Days. . . \$3450 | <input type="checkbox"/> K / 5 Half Days. \$4100 | <input type="checkbox"/> Gr. 6 | <input type="checkbox"/> Gr. 7 | <input type="checkbox"/> Gr. 8 |
| <input type="checkbox"/> 3 Y.O./ 5 Full Days. . . \$5250 | <input type="checkbox"/> K / 5 Full Days. \$5575 | \$6500 | | |

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Explanation of Program Hours and Attendance

Half Day Program: Start: 8:20AM End: 12:20 AM Full Day Program: Start: 8:20 AM End: at 3:15 PM

2 Day Program: Tues. and Thurs. attendance.

3 Day Program: Mon., Wed., and Fri. attendance.

Additional Child Care Services

EXTENDED SUPERVISED CARE (ESC)

Do You Require ESC Services? Yes No **If yes, indicate which days, sessions and times in the box below**

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning Session ESC Drop-off Time					
Afternoon Session ESC Pick-up Time					

FINANCES

Tuition Payment Plan* (please check one)

- _____ Plan A: Payment Due In Full by June 1st
- _____ Plan B: First ½ Due By July 1st, Balance Due By December 1st
- _____ Plan C: 10 Payment Plan Beginning August 1st, ending May 1st
- _____ Plan D: 11 Payment Plan Beginning July 1st, ending May 1st

* Note: Tuition does NOT include lunch

Financial accounts are the responsibility of the enrolling parent(s). Please note all payment plans are due on the 1st of the month. Payments received after the 9th of the month are considered delinquent and will be assessed a late fee. Returned checks are also subject to a penalty fee.

ESC Payment Options (please check one)

_____ Option A: I choose to pay ESC fees **weekly** at a rate of \$4 per morning session and \$8 per afternoon session. This payment option requires I prepay for anticipated weekly service on the first day of each school week. A \$2 billing fee will be assessed per week for each week a prepayment is not received in advance.

_____ Option B: I choose to pay ESC fees **monthly** at a rate of \$3.50 per morning session and \$7 per afternoon session. This option assesses a family ESC fees for ALL possible ESC days, based on student’s enrollment. Credit/refund for missed days (regardless of reason) are NOT available under this payment plan. Payment MUST be combined with your tuition plan.

With Whom Do The Children Reside? _____ **Indicate Children’s School District** _____

Will You Require Busing? Yes No Busing begins at grade K. NASD does not provide 11:15AM busing home.

**I understand and agree to the financial obligation and payment options of the programs selected.
I have read and agree to the terms and conditions as outlined in The Parents As Partners Agreement.**

Mother /Guardian Signature

Date

Father/Guardian Signature

Date

FOR OFFICE USE ONLY

Date Received _____ Received By _____ Enrollment To Begin On _____ Cash/Check # _____

Reg. Fee Amt. _____ Testing Fee _____ Computer/Curriculum Fee _____ Total Paid _____ W/D _____

Notes _____
