



**PROVIDENCE**  
CHRISTIAN ACADEMY

## **CONTINUOUS ENROLLMENT CONTRACT and ANNUAL ACKNOWLEDGEMENT & RELEASE FORM**

### **CONTINUOUS ENROLLMENT CONTRACT**

Continuous Enrollment allows Providence Christian Academy (PCA) to better fulfill our purpose and mission in the lives of students. When students are continuously enrolled, from their initial enrollment until they graduate from P.C.A., the continuous enrollment process lets us maximize our resources to provide classical Christian education to our families at the highest level of excellence.

I understand, and agree that this contract extends until the graduation of my PCA child or the termination of this contract as provided herein. Accordingly, I understand the term of this contract shall be in effect from the date of inception of this contract and shall renew automatically for each successive academic year until graduation from PCA.

I agree that I have until the last day of February each year to notify the Providence Christian Academy Admission Office of any changes in plans for enrollment of my child. Furthermore, a tuition deposit (amount posted on PCA website by February 1st) for the following year's tuition will be billed to my FACTS account on March 1. I acknowledge the annual tuition deposit is non-refundable.

For additional details, please refer to the Parent Student Handbook for complete financial information, contracted obligation, and withdrawal policy.

\_\_\_\_\_  
(Initial) (Initial)

### **PARENT STUDENT HANDBOOK ACKNOWLEDGEMENT**

Realizing that the intent of Providence Christian Academy is to work in partnership with parents in the education of children:

- We, the undersigned parents, do indicate by our signature below that we have each read the Providence Christian Academy Parent Student Handbook.
- We understand the policies outlined in the Parent Student Handbook.
- We agree to abide by the policies in the Parent Student Handbook, and will support PCA endeavors to educate our child(ren).

\_\_\_\_\_  
(Initial) (Initial)

Student Name (last, first) \_\_\_\_\_

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

### FIELD TRIP RELEASE/EMERGENCY MEDICAL FORM

*An additional "Field Trip Permission to Participate" form will be sent home prior to each school-sponsored event.*

We/I give permission for \_\_\_\_\_, grade \_\_\_\_\_, to participate in all sports and school-sponsored trips/activities both on and away from the school premises throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision. We/I understand that there will be at least a 48 hour notice of all trips away from the school premises. Permission may be revoked for a specific field trip by written notice hand-delivered to the principal more than one day prior to the trip.

We/I understand that there are risks/dangers involved with participation in on and off-campus trips/events and their associated activities. In consideration of any child being allowed to participate in travel and activities. We/I agree to hold harmless Providence Christian Academy, its affiliated organizations, employees, agents and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, we/I acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

In case of an accident, illness, or other emergency, we/I request that the school contact me. If the school cannot reach a parent/guardian after conscientious effort, we/I give permission to the school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, we/I give permission for school staff or call paramedics immediately and then contact us/me as soon as possible thereafter.

We/I authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. We/I agree to assume the financial responsibility for expenses incurred as a result of those services being provided. We/I also agree to be financially responsible for emergency medical transportation.

\_\_\_\_\_  
(Initial) (Initial)

### NOTARY & PARENT SIGNATURE SECTION:

We, the undersigned parents/guardians, do indicate by our signature below that we have read and agree with the above: Continuous Enrollment Contract, Parent Student Handbook Acknowledgment & Field Trip Release/Emergency Medical Form.

\_\_\_\_\_  
Father/Guardian's Signature                      Date

\_\_\_\_\_  
Mother/Guardian's Signature                      Date

Name printed: \_\_\_\_\_

Name printed: \_\_\_\_\_

**\*\* If the child resides with both parents, this two page Continuous Enrollment Contract & Annual Release Form MUST be signed by both parents/guardians in the presence of a notary. \*\***

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_ known to me to be the person in subscribed to the above and foregoing instrument, and acknowledged to me that he/she executed the same for the purposes and consideration expressed and in the capacity therein stated.

Given Under My Hand and Seal of Office on this: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Notary Public in and for Rutherford County: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_