

Pipe Creek Christian School

Enrollment Package

School Year: _____

Student Name: _____ Grade _____

Enrollment Fee \$ _____ Date paid _____ Check # _____

Full Tuition (Paid by August, 1) - \$2,500.00 Check # _____

Monthly Tuition (Aug, 1-May, 1) - \$250.00 Check # _____

Information needed for Enrollment

- Copy of Birth Certificate
- Copy of Social Security Card
- Copy of Insurance Card
- Current Copy of Immunization Record (*Required before attending school*)
- Authorization For Release of Records (if applicable)
- Basic First Aid Treatment Consent
- Medical Consent and Release
- Emergency Information/Student Pick-up Information
- Field Trip Release and Consent to Transport/Photo Permission & Release
- Volunteer Form
- Grievance Covenant

Available at the office:

- Uniform Guidelines
- School Calendar
- Supply List

For office use only:

- Copy of Medical forms to Nurse's Station
- Immunizations checked by Bandera Health Department
- Scanned

Pipe Creek Christian School Basic First Aid Treatment Consent

School Year: _____

Student's Full Name _____ Grade _____

Address _____

Social Security # _____ Date of Birth _____ Age _____

In the event your child becomes sick or injured, we need your consent to administer basic first aid treatment. Please check the appropriate box of the over-the-counter medication(s), ointment(s), or cream(s) listed below that you authorize Pipe Creek Christian School to administer to your child. If your child is allergic or has adverse reactions to any of these medications, please circle each medicine and explain below.

<input type="checkbox"/> Latex (gloves used)	<input type="checkbox"/> Saltine Crackers
<input type="checkbox"/> Eye Wash	<input type="checkbox"/> Topical Analgesic (i.e. Benadryl Cream)
<input type="checkbox"/> Adhesive Bandages	<input type="checkbox"/> Antiseptic Wash
<input type="checkbox"/> Triple Antibiotic Ointment/Neosporin	<input type="checkbox"/> Hydrogen Peroxide
<input type="checkbox"/> Itch Cream	<input type="checkbox"/> Anbesol Jr. Mouth Pain Relief
<input type="checkbox"/> Vaseline Petroleum Jelly	<input type="checkbox"/> Benadryl Liquid (allergic reactions to stings or bites)

Comments and other information

I hereby authorize Pipe Creek Christian School to administer basic first aid treatment to my child using any of the above marked medications.

Signature of Father/Legal Guardian

Date

Signature of Mother/Legal Guardian

Date

If you want any over-the-counter medication(s) to be available for your child to be administered by a staff member, please provide such items in a zip lock bag with your family name on it. Include a *Family Medicine Form* for each medication. *Family Medicine Forms* available upon request.

Examples: Acetaminophen (i.e. Tylenol), Ibuprofen (i.e., Motrin), Antacid (i.e. Mylanta or Tums), Cough Drops, Throat Lozenges, Lip Balm/Chapstick

Pipe Creek Christian School
Medical Consent and Release

School Year: _____

Student Name _____ Grade _____
Social Security # _____ Date of Birth _____ Age _____
Home Address _____

Father/Legal Guardian's Name _____
Phone: Home _____ Work _____ Cell _____

Mother/Legal Guardian's Name _____
Phone: Home _____ Work _____ Cell _____

If I cannot be contacted to make arrangements for emergency medical attention, I authorize a Pipe Creek Christian School staff member or Emergency Medical Service personnel to take my child to:

Licensed Physician's Name _____
Address _____ Phone _____

Hospital/Clinic _____
Address _____ Phone _____

I give consent for all necessary treatment for the above named student when he is in the care of Pipe Creek Christian School. I shall be liable and agree to pay all costs and expenses incurred in connection with such medical or dental services rendered pursuant to this authorization, including transportation. If there is no insurance information provided, it means I do not presently have such insurance and personally assume all responsibility (including financial) for all medical services rendered for the student. Our signatures also serve to indicate our willingness for our Health Insurance Company: _____

Policy number: _____ to be billed for all medical fees and services. We release Pipe Creek Christian School, PCCS School Board, and staff from this liability.

List any specific medical conditions, chronic illnesses, or other conditions: _____

List any allergies to drugs, foods, insects, etc.: _____

List any health considerations that a doctor, hospital, or the school should know about the student:

Signature of Father/Legal Guardian _____ Date _____
Signature of Mother/Legal Guardian _____ Date _____

Pipe Creek Christian School
Emergency Information and Student Pick-Up Information

School Year: _____

Name(s) of Student

Grade

EMERGENCY INFORMATION

If the school is unable to contact you, please list other adults who will be responsible for your child.

1st Contact: Name _____ Relationship to Child _____
Home Phone _____ Work _____ Cell _____

2nd Contact: Name _____ Relationship to Child _____
Home Phone _____ Work _____ Cell _____

STUDENT PICK-UP INFORMATION

Please list those with permission to pick up your child from school. If your child will be picked up by someone not listed here, please notify the school office.

Name/Relationship to Child	Phone Numbers
	(H) _____ (W) _____ (C) _____
	(H) _____ (W) _____ (C) _____

Signature of Father/Legal Guardian

Date

Signature of Mother/Legal Guardian

Date

PLEASE PROVIDE A COPY OF YOUR HEALTH INSURANCE CARD

Pipe Creek Christian School
Field Trip Release and Consent to Transport
Photo Permission and Release of Information

Student's Name _____

Field Trip Release and Consent to Transport

I understand that the following procedures will be implemented for notification of field trips:

- A. A notice from the student's teacher about activities, events and field trips will be sent home with the student.
- B. On a school field trip, the student will not be taken to any other additional location than the one indicated on the notification stating the event.

Please indicate below if you DO or DO NOT wish your child to participate in school sponsored field trips, activities and events:

I DO give permission for transportation and participation in school sponsored field trips, activities and events.

I DO NOT give permission for transportation and participation in school sponsored field trips, activities and events.

In giving permission, I agree to release and hold harmless, and by these premises do release and hold harmless, Pipe Creek Christian School, PCCS Board, its employees, volunteers, sponsors, and agents from all liability in connection with any and all such activities and discipline involving my child/student as named while being transported to and from or participating in school sponsored fieldtrips, activities or events.

Photo Permission and Release of Information

Students may have their pictures taken at various times for use in a newspaper, internet, and the annual yearbook, etc. Please indicate below if you DO or DO NOT wish to have your child's pictures published, identifying them by name.

I DO I DO NOT give permission for photographs.

I DO I DO NOT give permission for release of information.

Signature of Father/Legal Guardian

Date

Signature of Mother/Legal Guardian

Date

Pipe Creek Christian School
Volunteer Form

Student(s) Names _____

Father/Guardian's Name: _____

Special skills/gifts for special school needs (computer, construction, hobby/craft, photography, etc.)

Mother/Guardian's Name:

Special skills/gifts for special school needs (computer, construction, hobby/craft, photography, etc.)

NAME OF PARENT

- _____ Volunteer Substitute Teacher
- _____ Volunteer Part-time Teacher (once or twice a week)
- _____ Teacher's Aide ()Weekly ()Bimonthly ()Monthly
- _____ Library Aide ()Weekly ()Bimonthly ()Monthly
- _____ Outdoor Work (mowing, trimming, landscaping, etc.)
- _____ Indoor Work (repairs, cleaning, etc.)
- _____ Publicity
- _____ Room Parent: Assist teacher with field trips and class parties
- _____ Field Trip Driver
- _____ Chaperone on Field Trips for Parties, etc.
- _____ Lunch Assistance
- _____ School Christmas Program
- _____ End of the Year Program
- _____ Plan special activities to observe special days/holidays
- _____ Provide refreshments for parties, receptions
- _____ After-School Clubs: Share a skill or interest for a period of time
- _____ Other Areas _____

Signature _____ Date _____

Signature _____ Date _____

Pipe Creek Christian School Grievance Covenant

Having voluntarily chosen to send my child to Pipe Creek Christian School and to uphold its policies and procedures, I will make every effort to maintain a peaceful and harmonious relationship with its students, parents, volunteers, staff, faculty, and administration by following the principles set forth in Scripture. I have read and understand the policies and procedures in the Parent and Student Handbook.

Should there be any concerns, disagreements, or offenses, I will follow those guidelines given in Scripture and maintain the appropriate confidentiality with those involved and not spread discontent among others. I agree to make every effort to resolve disputes with each other in private or within the Christian community in conformity with the biblical injunctions. Therefore, I agree that any claim or dispute arising out of or related functions shall be settled by biblically based mediation. [*Proverbs 17:9; Matthew 5:23-24; Matthew 18:15-17; Luke 6:31; Luke 17:3-4; 1Corinthians 6:1-8; Ephesians 3:20-4:3; 1Timothy 5:19-20*]

If resolution of the dispute and reconciliation do not result from such efforts, the matter will then be submitted to a panel of three arbitrators for binding arbitration. Each party to the agreement shall have the right to select one arbitrator. The two arbitrators selected by the parties shall jointly select the neutral, third arbitrator. If there is an impasse in the selection of the third arbitrator, the Institute for Christian Conciliation division of Peacemaker Ministries, Billings, MT [(406) 256-1583] shall be asked to provide the name of a qualified person that will serve in that capacity. The mediation and arbitration process shall be conducted in accordance with the "Rules of Procedure for Christian Conciliation" contained in the Peacemaker Ministries booklet, *Guidelines for Christian Conciliation*.

The parties agree that these methods shall be the sole remedy for any controversy or claim arising out of a school related function and each party expressly waives their right to file a lawsuit against the other in any civil court for such disputes, except to enforce a legally binding arbitration decision. Each party, regardless of the outcome of the matter, agrees to bear the cost of his own arbitrator and one-half of other fees and costs of the neutral arbitrator and any other arbitration expenses.

This Grievance Covenant will be in effect whether or not my child is currently attending Pipe Creek Christian School.

I further understand and agree that my relationship with Pipe Creek Christian School is contractual in nature and that the School Board may terminate the contract for services with me if it determines that I have not kept this covenant contained herein.

Print Names of Children Enrolled at PCCS:

Signature of Father/Guardian_____ Date_____

Signature of Mother/Guardian_____ Date_____