



Enrollment Application



Est. 1972

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Phone Number: (831) 737-8770

Email: prunedalechristianacademy@gmail.com

www.prunedalechristianacademy.org





Enrollment Application

Application Checklist

- Pay for Enrollment Application (\$25 Fee).
- Schedule a Placement Test Date.
- Submit an Official or Unofficial Copy of Transcript for Grades 9th-12th or Recent Report Card for Grades 1st-8th.
- Submit a Birth Certificate.
- Submit Immunization Records.
- Submit Report of Health Examination for School Entry form ([http://www.dhcs.ca.gov/formsandpubs/forms/Forms/ChildMedSvcForms/pm171a\(bi\).pdf](http://www.dhcs.ca.gov/formsandpubs/forms/Forms/ChildMedSvcForms/pm171a(bi).pdf)).
- Submit Proof of Address (Utility Bill)
- Submit Recent Test Scores/ Report card.
- Submit a Letter of Recommendations from a Pastor or a Teacher.
- Complete Enrollment Application.
- Schedule an Interview.
- Receive a Determination Letter.
- Pay \$500.00 Registration Fee.

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Acknowledgement

Prunedale Christian Academy is an extension of Calvary Community Church of Salinas. Calvary Community Church of Salinas is a registered 501(c)3 with the IRS (Tax ID # 94-2170402) and was founded in 1972 by Reverend E.L. & Betty Moon. In addition to Calvary Community Church of Salinas K-Love Radio is a dedicated partner providing monthly contributions that provide funding to Prunedale Christian Academy.

Educational Philosophy

Our organization's purposes are for educational and benevolence services to families, both adults and children. This organization through the operation of schools, childcare facilities, and radio stations will provide educational programs, and the discipline for life at its best to families.

The radio station and translators provide contemporary Christian music and teaching for families along the central coast and inland valleys from the San Francisco Bay to San Luis Obispo & Moro Bay. Contributions from the radio station help subsidize Prunedale Christian Academy and Prunedale Christian Preschool School.

We believe families are ordained by God and the mutual effort of the larger community is needed to strengthen the family unit. Also, the larger community has the responsibility of educational services to children. We collaborate closely with parents and as an extension of the will of the parents for the discipline of children.

The Christian community should offer educational programs that will assist parents and those who are preparing for parenthood to understand their parenting roles and we will help couples to be fulfilled and encouraged to succeed in all areas of a young adulthood. The radio station and orientation programs are valuable in the parenting process.

We believe that children are born with varying capacities to learn and that the rate of growth in each child will also vary. Individualized instructions and respect for each child is important. Task oriented assignments must be measured out to each child in keeping with his/her uniqueness.

We believe discipline is necessary for every child and that practically all discipline must be positive and Biblical. Application must take place in an environment of love to protect the child and his/her motivation to develop spiritually, socially, intellectually, and physically. A verse to remember as an educator is Ephesians 6:4 "Provoke not your children to wrath but bring up in the nature and admonition of the Lord." Punishment does not teach children what is "right." At the most negative "punishment" might stop foolish behavior and prohibit a child from hurting others. However, a quality education will teach children right from wrong. This is best accomplished in an environment of constructive, value-oriented behavior of all adults and children.

A good leaning environment for young children requires continual guidance by a capable, responsible, adult that loves children and who "brings out the best" in them.

It is our goal to teach every child to the best of their ability. All academic skills should be developed as thoroughly and as early as readiness allows. After that, acquisition of knowledge, research, and creativity is encouraged and awarded. We take things to heart remembering that we are providing skills for a rewarding and fulfilling life here and for eternity. It is also our earnest desire to see children grow in wisdom, stature, and favor with the Lord.



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Rates & Fees

2023-2024 School Year

Fee Breakdown

\$25.00 Application Fee	Due Upfront	All Grades
\$500.00 Registration Fee	Due Upfront	All Grades
\$500.00 Music Fee	Due Upfront	2 nd Grade and Up
\$250.00 Instrument Fee	If Applicable	2 nd Grade and Up
\$150.00 Technology Fee	If Applicable	6 th Grade and Up

Before & Aftercare Rates

- \$15 an hour
- \$150 per month, 3:30pm-4:30pm After School (1 Hour)
- \$200 per month, 3:30pm-5:30pm After School (2 Hours)

Tuition Increase Schedule

For Students Enrolled After 2022-2023 School Year

New Rates	2023	2024	2025
Kindergarten	\$7,500	\$8,750	\$10,000
Elementary	\$8,250	\$9,750	\$11,500
Junior High	\$8,250	\$9,750	\$13,000
Senior High	\$9,750	\$12,000	\$14,500

*Any discount that may be applied can only be applied to tuition if eligible for a discount.

For Students Enrolled Before 2023-2024 School Year

Loyalty Rates	2023	2024	2025
Kindergarten	\$5,500	\$6,000	\$6,500
Elementary	\$5,500	\$6,000	\$6,500
Junior High	\$5,500	\$6,000	\$6,500
Senior High	\$5,500	\$6,000	\$6,500

*Payment plans are available monthly (10 Payments), semiannually (2 Payment), or annually (1 Payment)

Tuition rates for all grades can be paid in several ways:

1. One-time payment in full at the time of enrollment.
2. Two equal payments once at the start of the school year (August) and again at middle of the school year at the start of the second semester (January).
3. Ten monthly payments are available from August-May.

Discounts

10% Members Discount- Members of Calvary Community Church of Salinas and members of our partnership churches can be considered for this discount. This discount can be mixed with a military, or first responders discount of up to 15%.

10% Military or First Responders Discount- Military or First Responders can be considered for this discount. These discounts cannot mix with each other or a loyalty discount.

20% Loyalty Discount- families who have completed a full 6 years with us can be considered for this discount and cannot mix with any other discount.



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Enrollment Application

Registration Form

I _____ the parent or legal guardian of _____ is requesting for Prunedale Christian Academy/ Calvary Community Church to consider my child for enrolment by completing this application. I understand Prunedale Christian Academy is a private Christian school and utilizes biblical and traditional standards in its education practices. I also understand completing this application and paying for the non-refundable registration fee is not a guarantee for my child to be accepted for enrollment. I understand this application is not considered completed until all required documentation has been submitted and received by the admissions office in person or by email to prunedalechristianacademy@gmail.com.

Parent/Guardian Information

Father's First Name _____ Last Name _____ Phone _____
Email Address _____ Name of Employer _____
Mother's First Name _____ Last Name _____ Phone _____
Email Address _____ Name of Employer _____

General Information

Home Address _____ City _____ State _____ Zip _____
Primary phone _____ Work _____ Emergency Number _____

Church Information

Home Church _____ Pastors Name _____
Church Address _____ City _____ State _____ Zip _____
Church phone _____ Pastor phone _____ Email _____
Are you a registered member of your church? _____

Students

Primary (Student) _____ Grade _____ Age _____ Gender _____
Sibling (Student) _____ Grade _____ Age _____ Gender _____
Sibling (Student) _____ Grade _____ Age _____ Gender _____

I certify that all the information I presented is truthful and accurate to the best of my knowledge. I understand the following documentation is required to complete this application and be considered for enrollment.

Required Documentation

- Proof of Address:** Utility Bill (PG&E, Water bill, Cable Bill)
- Proof of Identity:** Childs Birth Certificate or Passport
- Proof of Immunization:** Immunization Records
- Proof of Previous Enrollment:** Grades 1st-8th Report Card or 9th-12th Unofficial Transcripts

What was the last school your child attended? _____

Did your child repeat any grades? _____

Has your child ever been disciplined, suspended, or dismissed from any school? _____

If yes, please explain _____

Dose your child have any physical limitations or handicaps? _____

Dose your child take any medications? If yes, please explain _____

Dose your child have any disturbing habits? _____

Has your child had any psychological testing? _____

If your child is adopted, how long have they lived with you? _____

Enrolling Parent Signature _____ Date _____



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Before & Aftercare Rates

Times

7:30am-8:00am Before School (Free)

3:30pm-4:30pm After School (1 Hour)

3:30pm-5:30pm After School (2 Hours)

Rates

\$15 an hour (Part Time)

\$150 a month (1 Hour)

\$200 a month (2 Hours)

I _____ would like to enroll my child _____ in the following Aftercare program and will pay the aftercare fees.

	<u>1 Hour</u>	<u>2 Hours</u>
<input type="checkbox"/> Monday	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Thursday	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Friday	<input type="checkbox"/>	<input type="checkbox"/>

I understand the PCA School Day begins at 8:00 A.M. and ends at 3:30 P.M. The doors open at 7:30 A.M. with after-school care being offered for an additional charge until 4:30 or 5:30 P.M. Aftercare begins promptly at 3:45 P.M. We give parents 15 minutes after school to pick up their student or they are automatically checked into aftercare. Once they are checked in their account will be charged for occasional Aftercare charges even if they are only there ten minutes. Occasional Aftercare charges will be \$10.00 per hour. Monthly Fees (Monday-Friday until 4:30 or 5:30 P.M.) are \$150.00 (till 4:30) or \$200.00 (till 5:30) per month, per student. Aftercare closes promptly at 5:30 P.M. A late fee of up to \$10.00 will be charged per minute after 5:30 P.M.

Parent Signature _____ Date: _____



Enrollment Application

Financial Agreement

August 2023 thru May 2024

Dear Parent or Guardian,

Your student will not be considered enrolled until all forms are received completely filled out with your registration packet and registration fee is paid (\$500.00 Per student) to the admissions office either in person or by mail at **8145 Prunedale North Road, Salinas California 93907**, by email prunedalechristianacademy@gmail.com or online invoice. The registration fee reserves space for your child. If accepted for enrollment the registration fee is due with the completed forms. Registration fees are non-refundable.

We charge for tuition based on the average of what other schools in our area are charging for similar services. Calvary Community Church of Salinas helps subsidize the cost of our school to help parents afford this individualized educational program. The tuition for the year is listed on Pages 4 of this application along with the breakdown of fees. Tuition can be paid in advance with a one-time payment at the time of enrollment or in 10 monthly payments. All fees are due up front and tuition payments are due on the first of every month from August 1st -May 1st. some discounts may be available but are extremely limited. Any discounts that might be available can only apply to tuition only and Not fees. Some fees may be eligible to be waived but not guaranteed.

Please select the following payment plan agreements

10 Monthly Payments

I agree to pay all applicable fees upfront and **monthly tuition payments** between August and May.

2 Equal Payments

I agree to pay all applicable fees upfront and **two equal tuition payments** between August and May.

1 Payment Paid in Full

I agree to pay all applicable fees upfront and **one full tuition payment** at enrollment.

Student

First Name _____ Last Name _____ Date of Birth _____

Payment Authorization:

First Name _____ Last Name _____

Email _____ Phone Number _____

Billing Address _____ City _____ Sate _____ Zip _____

Name on Card _____ Card Number _____

Expiration Date _____ CVV _____

I authorize Prunedale Christian Academy/Calvary Community Church of Salinas to charge my card in the amount of \$ _____ in accordance with the payment plan I have selected above. These payments will be taken on the 1st of the month unless other arrangements have been made in writing. I understand I may receive a \$35.00 late fee for any late payments or returned checks.

Payer Signature _____ Date _____



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Medical Release Form

Father's Full Name: _____ Cell Number: _____

Mother's Full Name: _____ Cell Number: _____

Primary Care Physician: _____ Office Number: _____

Dentist: _____ Office Number: _____

Preferred Hospital: _____ Office Number: _____

Please note that in case of an emergency your student will be transported to the nearest hospital.
Please list any special considerations or physical limitations regarding P.E. or Recess activity:

Dose your child currently have or had any of the following conditions or illnesses?

(Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Vision problems | <input type="checkbox"/> Allergies | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Wears Glasses | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Hearing Limitations | <input type="checkbox"/> Earaches | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Skin Disorders | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Sinus | <input type="checkbox"/> Chicken Pox |
| <input type="checkbox"/> Orthopedic Disability | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> German Measles |
| <input type="checkbox"/> Excessive Fatigue | <input type="checkbox"/> Asthma | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Frequent Sore Throat | <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Diphtheria |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Hepatitis |

Other(s): _____

By listing these three emergency contacts you are giving Prunedale Christian Academy authorization to contact and or release your child to these individuals in the event you are not available to pick up your child during a regular school day or in the event of an emergency.

Emergency Contact

- | | | |
|---------------|--------------------|----------------|
| 1. Name _____ | Relationship _____ | Phone #: _____ |
| 2. Name _____ | Relationship _____ | Phone #: _____ |
| 3. Name _____ | Relationship _____ | Phone #: _____ |

Parent Signature _____ Date _____

NOTE Please download the **Report of Health Examination for School Entry** form.

[http://www.dhcs.ca.gov/formsandpubs/forms/Forms/ChildMedSvcForms/pm171a\(bi\).pdf](http://www.dhcs.ca.gov/formsandpubs/forms/Forms/ChildMedSvcForms/pm171a(bi).pdf)



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Uniform Policy

It is the responsibility of the school to provide an educational and spiritual climate that requires that students conduct themselves in a manner that honors God. Often, inappropriate dress and outward physical appearance can conflict with the goals of the school, affect the behaviors and attitudes of students, and inhibit personal and spiritual growth. To help students develop a standard of dress and appearance that promotes an atmosphere of respect and modesty and that complies with these Biblical perspectives, PCA has established a uniform policy.

PCA offers two options for acquiring your students' uniforms. Option 1 is through use of the uniform brochure you (the parents) can acquire your student's uniforms directly from the Lands End website (found on the resources tab of the PCA website. Option 2 is for the school to acquire your student's uniforms for you, for an additional fee.

I _____ agree and understand and will adhere to the uniform policy.

Parent Signature _____ Date _____

Childs Hight _____ Child Age _____ Childs Grade _____

T-Shirt Size _____ Pant Size Waist _____ x Length _____



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Demographic information

The following demographic questions are optional and do not play a role in determining if a student will be accepted into Prunedale Christian Academy. This information may help us when applying for grants and other funding opportunities. This information is kept confidential, and we do not sell or share your information with anyone. Again, these questions are optional and are not required.

1. How many people live in your household? _____
2. How would you describe your racial/ethnic background? (Mark all that apply)

- | | |
|---|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Native American Indian | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Do not wish to self-identify. |

3. What is your marital status? _____
4. What is your yearly household income? _____
5. What is the highest level of education anyone has achieved? _____
6. Is anyone in your household in the military or a first responder? _____
7. What is the age of the youngest person in your household? _____
8. What is the age of the eldest person in your household? _____
9. Do you rent or own your home? _____
10. How far do you travel to work one way? _____
11. What is the name of your employer? _____
12. What field of work are you in? _____
13. What is both parents' employment status? Full-time Part-time Self-employed
14. How did you find our school? _____
15. Why are you changing schools? _____
16. Why do you want to send your child to this school? _____



Enrollment Application

Class Enrolment

(For Official Use Only)

Classroom Enrollment

Division: Primary (Elementary) Secondary (Jr High) Secondary (Senior High)

Grade: Kindergarten 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

Subjects: Biblical Studies Math Language Arts History/Geography

Science Physical Education

Electives & Extracurricular Activities:

Grades 9th-12th

Ministry: Music Discipleship Outreach Leadership

Level: Beginning Intermediate Advance

Grades 3rd-12th

Music & Performing Arts: Band Orchestra Choir Theater

Level: Beginning Intermediate Advance

Grades 3rd-12th

Physical Education: Karate Basketball Volleyball Golf

Level: Beginning Intermediate Advance

Grades 6th-12th

Foreign Language: Spanish Sign Language

Level: Beginning Intermediate Advance

Grades 6th-12th

Life Skills: Auto Shop Economics Tech Lab Culinary Lab

Level: Beginning Intermediate Advance

For Official Use Only

Summary

Student Name: _____ ID# _____ Registration Date: _____

Start Date: _____ Division: _____ Grade: _____

Primary Parent Name: _____ Email: _____

Primary Administrator: _____ Email: _____

Primary Teacher: _____ Email: _____

The following fees have been paid and are current and in good standing:

\$25 Application Fee \$500 Registration Fee \$_____ Music Fee \$150 Tech Fee

Full Tuition \$_____ Half Tuition \$_____ Monthly Tuition \$_____

Determination of Application: _____ Date _____

Approved By: _____



Enrollment Application

Please fill out this form or download it and turn it in with your application.

[http://www.dhcs.ca.gov/formsandpubs/forms/Forms/ChildMedSvcForms/pm171a\(bi\).pdf](http://www.dhcs.ca.gov/formsandpubs/forms/Forms/ChildMedSvcForms/pm171a(bi).pdf)

State of California—Health and Human Services Agency

Department of Health Care Services
Child Health and Disability Prevention (CHDP) Program

REPORT OF HEALTH EXAMINATION FOR SCHOOL ENTRY

To protect the health of children, California law requires a health examination on school entry. Please have this report filled out by a health examiner and return it to the school. The school will keep and maintain it as confidential information.

PART I TO BE FILLED OUT BY A PARENT OR GUARDIAN

CHILD'S NAME—Last	First	Middle	BIRTH DATE—Month/Day/Year
ADDRESS—Number, Street	City	ZIP code	SCHOOL

PART II TO BE FILLED OUT BY HEALTH EXAMINER

HEALTH EXAMINATION

NOTE: All tests and evaluations except the blood lead test must be done after the child is 4 years and 3 months of age.

REQUIRED TESTS/EVALUATIONS	DATE (mm/dd/yy)
Health History	___/___/___
Physical Examination	___/___/___
Dental Assessment	___/___/___
Nutritional Assessment	___/___/___
Developmental Assessment	___/___/___
Vision Screening	___/___/___
Audiometric (hearing) Screening	___/___/___
TB Risk Assessment and Test, if indicated	___/___/___
Blood Test (for anemia)	___/___/___
Urine Test	___/___/___
Blood Lead Test	___/___/___
Other	___/___/___

IMMUNIZATION RECORD

Note to Examiner: Please give the family a completed or updated yellow California Immunization Record.

Note to School: Please record immunization dates on the blue California School Immunization Record (PM 286).

VACCINE	DATE EACH DOSE WAS GIVEN				
	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DTP/DT/Td (diphtheria, tetanus, and [acellular] pertussis) OR (tetanus and diphtheria only)					
MMR (measles, mumps, and rubella)					
HIB MENINGITIS (Haemophilus Influenzae B) (Required for child care/preschool only)					
HEPATITIS B					
VARICELLA (Chickenpox)					
OTHER (e.g., TB Test, if indicated)					
OTHER					

PART III ADDITIONAL INFORMATION FROM HEALTH EXAMINER (optional)

RESULTS AND RECOMMENDATIONS

Fill out if patient or guardian has signed the release of health information.

- Examination shows no condition of concern to school program activities.
- Conditions found in the examination or after further evaluation that are of importance to schooling or physical activity are: *(please explain)*

RELEASE OF HEALTH INFORMATION BY PARENT OR GUARDIAN

I give permission for the health examiner to share the additional information about the health check-up with the school as explained in Part III.

Please check this box if you *do not* want the health examiner to fill out Part III.

Signature of parent or guardian _____ Date _____

Name, address, and telephone number of health examiner

Signature of health examiner _____ Date _____

If your child is unable to get the school health check-up, call the Child Health and Disability Prevention (CHDP) Program in your local health department. If you do not want your child to have a health check-up, you may sign the waiver form (PM 171 B) found at your child's school.

PM 171 A (09/07) (Bilingual)

CHDP website: www.dhcs.ca.gov/services/chdp