

PPCA CRUSADER CARE STUDENT/FAMILY REGISTRATION CONTRACT 2025-2026

Please complete this form (listing children oldest to youngest) and return it, along with all registration forms & fees to the **CRUSADER CARE Office**. In doing so, you are agreeing to abide by the applicable parts of the PPCA Handbook and all Crusader Care policies (see back).

1ST CHILD _____ D.O.B. _____ M ___ F ___ Grade Sept. 1st _____
LAST FIRST MIDDLE MM/DD/YYYY

Registering: (please circle one) **Summer** **School Year** **Summer & School Year** Planned Start Date: _____

Summer Pizza Lunch Option: (circle one) **Cheese** **Pepperoni** Summer T-Shirt Size _____ Grade Last Completed: _____

2ND CHILD _____ D.O.B. _____ M ___ F ___ Grade Sept. 1st _____
LAST FIRST MIDDLE MM/DD/YYYY

Registering: (please circle one) **Summer** **School Year** **Summer & School Year** Planned Start Date: _____

Summer Pizza Lunch Option: (circle one) **Cheese** **Pepperoni** Summer T-Shirt Size _____ Grade Last Completed: _____

3RD CHILD _____ D.O.B. _____ M ___ F ___ Grade Sept 1st _____
LAST FIRST MIDDLE MM/DD/YYYY

Registering: (please circle one) **Summer** **School Year** **Summer & School Year** Planned Start Date: _____

Summer Pizza Lunch Option: (circle one) **Cheese** **Pepperoni** Summer T-Shirt Size _____ Grade Last Completed: _____

4TH CHILD _____ D.O.B. _____ M ___ F ___ Grade Sept 1st _____
LAST FIRST MIDDLE MM/DD/YYYY

Registering: (please circle one) **Summer** **School Year** **Summer & School Year** Planned Start Date: _____

Summer Pizza Lunch Option: (circle one) **Cheese** **Pepperoni** Summer T-Shirt Size _____ Grade Last Completed: _____

HOME ADDRESS _____ **HOME PHONE:** _____
STREET CITY ZIP

PARENT/GUARDIAN #1: _____ Relationship _____

EMPLOYMENT: _____ WK NUMBER: _____

PARENT/GUARDIAN #2: _____ Relationship _____

EMPLOYMENT: _____ WK NUMBER: _____

Please list siblings & grades/schools not listed above: _____

Custody Arrangement: Child(ren) Live w/ Both Parents _____ Joint Custody _____ Mom Only _____ Dad Only _____ Guardian _____
***** CUSTODY ORDERS MUST BE ON FILE WITH THE CRUSADER CARE OFFICE*****

I grant permission to Park Place Christian Academy to meet the medical needs of my child(ren) in case of an emergency.

Guardian Signature: _____ Date: _____

PLEASE TURN OVER & COMPLETE APPLICATION!!!

My child(ren), _____, do(es) _____ do(es) not _____ have my permission to be photographed and/or televised. I understand photographs may be used for brochures, the PPCA website and/or newspaper.

Guardian Signature: _____ Date: _____

I grant permission for staff to apply over the counter anti-bacterial ointment, anti-itch stick, and/or cortisone cream as needed.

Guardian Signature: _____ Date: _____

**** PPCA Crusader Care Policy** - Please read and initial that you understand and agree to the following:

I understand that enrollment is subject to availability, completion & submission of all paperwork, payment of the Registration Fee (\$50 for 1st child & \$25 for each additional child) & Mat Rental Fee (K3-K4 only) and verification of PPCA admission _____.

I understand that re-enrollment may be denied for those who have accounts not current _____. I understand that PPCA only accepts children ages 3 years and up who are independent and restroom responsible _____. I understand that my child(ren) may be dismissed from Crusader Care for non-payment of PPCA tuition, Crusader Care rates, or disruptive behavior _____. For all K3-10th grade rates, **I understand there are no pro-rated discounts, regardless of attendance, vacations or closed campus.** The ASC rate is due and will remain the same regardless of the number of days attended in a week _____. I understand that the K3-K4 Sibling Half-Day Class pays the same rate EVERY week, unless student(s) attend during a holiday break. At that point, the weekly rate will temporarily increase to the regular PreK weekly rate _____. I understand that the K3-K4 Sibling Half-Day Class pick up time is at 3pm on regular school days and with regular PreK carpool on early dismissal days. On regular school days, Half Day PreK here after 3pm, will be charged a late fee of **one dollar per minute** _____. I understand that for all other classes/grades, there will be a late fee charged of **one dollar per minute** if my child(ren) is/are still present after closing time _____. I understand that tuition is due on Monday and must be paid by Wednesday. A late fee may be added on Thursday for any unpaid accounts _____. I understand that I must give a **WRITTEN TWO WEEK'S NOTICE** before I withdraw my child(ren) from the program, and I am responsible for paying for those weeks even if my child(ren) does not attend during those two weeks _____. I understand that I will be charged a reinstatement fee if I choose to withdraw from and then re-register my child(ren) in Crusader Care during the same school year _____. **I understand that I will be held liable for any damage caused by my child(ren) to school property** _____. I understand that I and my child(ren) are to adhere to all policies as set forth and applicable in the PPCA handbook _____. I understand that, ultimately, the discipline of my child(ren) is my responsibility, and I will work closely with Crusader Care staff to prepare my child(ren) for successful behavior _____. I understand that Crusader Care is a program which provides care for well children. Therefore, any child exhibiting any signs of illness, such as, but not limited to, fever, rash, diarrhea, vomiting, or any other communicable disease, will not be allowed to remain in Crusader Care until he/she is **symptom free for twenty-four hours**. I understand this is a protective measure for my child(ren), as well as for others _____. I understand that no medication will be administered to my child without the following: a completed medication form, medicine in its original container, and (as needed) a dispensing cup/spoon supplied by me, the parent/guardian _____. I understand that Crusader Care is not responsible for lost, misplaced, or damaged personal items _____. I understand that PPCA Crusader Care takes several summer field trips, and that I will be given individual field trip consent forms to complete and return for my child(ren) to participate _____. I agree in principle that neither the teachers nor employees of the school shall be responsible for any injury or damages sustained to the above-named child(ren) because of, or in any way connected with, his or her transportation or participation in Crusader Care events on or off campus _____. Lastly, I understand that my child(ren) will be released **ONLY** to the individuals that I designate, and only after they have shown proper legal identification. **I understand that individuals designated for pick-ups must be submitted in writing before my child(ren) may stay in Crusader Care and this list must be updated ASAP with any changes. I understand that PPCA Crusader Care must have parental permission in writing to release child(ren) to anyone not on this designated pick-up list unless said person has the designated dismissal number card** _____.

Guardian Signature: _____ Date: _____

(OFFICE USE ONLY) Reg. Fee: Ck# & Date _____ Mat Fee: Ck# & Date _____ Summer Act. Fee: Ck# & Date _____

PPCA Enrollment Verified: _____ YES _____ NO Cust. Order Rec'd _____ OFFICE STAFF RECEIVING: _____