

# Pen Bay Christian School



Providing quality education to the children of midcoast Maine since 1978!

One Waldo Ave, Rockland Maine 04841 [pbcsc@penbaychristian.org](mailto:pbcsc@penbaychristian.org) 207-596-6460

## STUDENT ENROLLMENT APPLICATION 2026-2027

### STUDENT INFORMATION

**Student Name:** \_\_\_\_\_

Male/Female: \_\_\_\_\_ Birth Date: \_\_\_\_\_ City/State of Birth: \_\_\_\_\_  
\*\*\*A birth certificate must accompany all applications, if not already on file.\*\*\*

Grade Entering: \_\_\_\_\_

Student's Physical Address: \_\_\_\_\_  
Street City State Zip

Student's Mailing Address: \_\_\_\_\_  
PO Box City State Zip

With Whom Does the Student Reside? \_\_\_\_\_  
\*\*\*Divorced/separated parents must provide legal evidence of child custody for school records.\*\*\*

### FAMILY INFORMATION

**Father** or Legal Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_ Vehicle Description: \_\_\_\_\_

**Mother** or Legal Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address (if different from student): \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_ Vehicle Description: \_\_\_\_\_

## EMERGENCY/MEDICAL INFORMATION

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Doctor Name	Address	Phone
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Dentist Name	Address	Phone
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Preferred Hospital Name	Address	Phone
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Health Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please list all allergies, including reactions to medications: \_\_\_\_\_

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Medications being taken: \_\_\_\_\_

**\*\*\*If there are any medications to be taken at school, please fill out the form in the front office.\*\*\***

Are there any physical or medical conditions that the school should know about that are not already stated?

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**\*\*\*Please provide a copy of your child's current immunization record with this form.\*\*\***

We enclose proof that our child is fully immunized. We will continue to relay significant information concerning the health of our child to the staff at PBCS to assure a healthy environment for my child and my child's classmates.

In case of a serious illness, accident or emergency, the school will attempt to contact me and/or an emergency contact. If the school is unable to reach me or an emergency contact, I hereby authorize the school to call the physician indicated and follow their instructions, or if the emergency is such that time does not allow for such contact, we authorize the persons in supervision at PBCS to seek medical attention from the aforementioned doctor, dentist or hospital or another hospital if not within a reasonable proximity.

We agree to pay all medical expenses and other fees incurred during an emergency. We release PBCS and any other facility or persons connected with the school from any and all liabilities for injuries and/or illness resulting from conditions or circumstances while in attendance at PBCS, in transit to and from this school, and on any supervised excursions from this school.

Initial \_\_\_\_\_

## STUDENT PICK-UP LIST

Please list the names of people who have permission to pick up your student from school. Please list all individuals separately and be sure to ***include your own family vehicles in this list***. If there will be someone regularly helping with pick-ups or if there will be carpooling, please be sure to include that person on this list as well. If the student's ride is not here at pick-up time, the teacher on duty will go through the list of authorized people until they are able to contact someone.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Authorized for (circle): Pickups Emergencies

Color/Make/Model of Vehicle: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Authorized for (circle): Pickups Emergencies

Color/Make/Model of Vehicle: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Authorized for (circle): Pickups Emergencies

Color/Make/Model of Vehicle: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Authorized for (circle): Pickups Emergencies

Color/Make/Model of Vehicle: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Authorized for (circle): Pickups Emergencies

Color/Make/Model of Vehicle: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Authorized for (circle): Pickups Emergencies

Color/Make/Model of Vehicle: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Authorized for (circle): Pickups Emergencies

Color/Make/Model of Vehicle: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Authorized for (circle): Pickups Emergencies

Color/Make/Model of Vehicle: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Authorized for (circle): Pickups Emergencies

Color/Make/Model of Vehicle: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Authorized for (circle): Pickups Emergencies

Color/Make/Model of Vehicle: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Authorized for (circle): Pickups Emergencies

Color/Make/Model of Vehicle: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Authorized for (circle): Pickups Emergencies

Color/Make/Model of Vehicle: \_\_\_\_\_

## TECHNOLOGY AGREEMENT

### FEES:

Fees will be charged for equipment that needs to be repaired or replaced due to severe damage or loss, which includes the laptop, the power cord and the case. Fees will be determined by Rockbound Computer, based on the extent of repair.

### USER AGREEMENT:

- I will return the laptop, power cord and case in working condition.
- I will pay the full cost for intentional or negligent damage, abuse, or loss.
- I will never leave my laptop unattended or loan it to others.
- I will notify my technology administrator ASAP for a lost, missing, or damaged laptop. Missing laptops will be rendered inoperable by the school.
- I will use my laptop in ways that are appropriate and educational, and that conform to the PBCS policy.
- I understand that my laptop and school email are monitored and subject to inspection at any time without notice. I assume no privacy.
- I understand that email and other methods of communication on the laptop must be for school use only.
- I will immediately report any threatening or harassing communications to the school staff.
- I will respect other students' devices.
- I will follow classroom technology rules.
- I will bring my fully charged laptop to school every day. I will only use the original cord to charge my device.
- I will not remove or add any stickers or labels on the equipment.
- I will keep my laptop in the school issued protective case to transport it.

Non-compliance with this agreement can result in disciplinary consequences in accordance with the severity of the infraction.

## PROMOTIONAL MATERIALS

Pen Bay Christian School, on occasion, will use advertising in newspapers, brochures, flyers, posters, on our website, or through Village Soup online to promote our school. Candid pictures are taken of our students at various times throughout the year to show student life at our school. We also use pictures in our yearbook. May we have written permission to use pictures of your student for advertising purposes if the need arises in the future? Please select one of the following and write applicable directions if necessary.

\_\_\_\_\_ Yes, you may have my permission to use pictures of my child for advertising purposes.

\_\_\_\_\_ No, you do not have my permission to use pictures of my child for advertising purposes.  
You do, however, have my permission to use photos of my child for the following purpose(s):

Initial \_\_\_\_\_

**EDUCATIONAL/SOCIAL HISTORY**

Last grade level completed: \_\_\_\_\_

**\*\*\*Please provide a copy of the most recent report card, if not already on file.\*\*\***

Name and address of school last attended: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If homeschooled, please describe the daily academic routine and which curriculum(s) were used:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has student repeated any grades or received special help in any subject? If so, please specify:

\_\_\_\_\_  
\_\_\_\_\_

Has student ever been evaluated for developmental, learning and/or emotional problems? If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Does your child have an IEP or any other learning plan? If so, please specify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Has student been involved in any serious disciplinary occurrences including suspension, probation, expulsion, or withdrawal before a suspension or expulsion hearing? If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In what areas or subjects does your child excel or have an interest?

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In what areas does your child have difficulty?

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Do you have any concerns or other information that would be helpful for the school to know about your child?

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Please summarize your personal Christian experience and faith:

Father or Legal Guardian: \_\_\_\_\_

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Mother or Legal Guardian: \_\_\_\_\_

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How does your child feel about attending Pen Bay Christian School and why do you want your child to attend here?

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## SCHOOL PERMANENT RECORD RELEASE FORM

I hereby give permission to release the school permanent record of

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

to Pen Bay Christian School.

This record includes name, family data, address, birth date, grade, class standing, attendance, health record, standardized achievement, aptitude and intelligence test scores, and resource room or other special services provided by the school to the student.

Authorized by

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Former School Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

According to the Buckley Amendment, an educational institution may release records to officials of another school system with the written consent of a parent.

## FINANCIAL POLICY

Curriculum fees - \$400.00 due with enrollment application through May 31, or \$450 on/after June 1.  
Tuition fees - \$4,600/year **OR** \$460/month for 10 months, with the first payment due by August 15th.

There will be a 5% discount provided for tuition paid in full by July 31.

We offer a multi-child discount for more than one child attending PBCS. The discount will be applied to the lower tuition rate and is as follows: the second child is 25% off, and the third child and beyond are 50% off.

1. Tuition payments are to be paid in advance monthly, unless paid in full. The monthly payments are to be paid on the 15<sup>th</sup> of each month, **beginning with the August 15<sup>th</sup> payment**, and ending with the final payment on May 15<sup>th</sup>.
2. All tuition from the previous school year must be paid in full for a returning student to begin classes in September.
3. As should be obvious by the tuition charged in comparison to secular private schools, attempts have been made to offer an excellent Christian education within the means of most working families. This involves a significant sacrifice on the part of many. Our teachers and staff labor at a fraction of the wages possible in the secular market. They do this out of concern for our children and as a service to the Lord. Our ability to pay our staff is directly dependent on your tuition payments. Therefore, we ask for your continued attention to the status of your account and that they be kept paid and current.
4. All accounts must be kept current to ensure your child's place in class. If an account is over 30 days past due, the school board reserves the right to ask the parent(s) or guardian to withdraw the child(ren) from Pen Bay Christian School. This will be a last resort after all efforts to work with the parent(s) or guardian to bring their account current have failed.
5. Should your family experience major illness or drastic decline in income, please contact our school administrator and/or treasurer immediately.
6. Limited financial aid is available for elementary, middle and high school students and is available sequentially, on a needs basis. Applications are available in the school office.

Initial \_\_\_\_\_

## REGISTRATION AGREEMENT

I have read the philosophies, policies, and procedures of Pen Bay Christian School as stated in the school's handbook and I agree with them. I agree to support them and to carry out my parental responsibilities as outlined in the handbook. I will encourage my child(ren)'s adherence to the policies. I will cooperate with the teachers in training and teaching my child(ren).

I will assist in training my child(ren) to respect the property and equipment of the school and any other facility where my child(ren) has activities and pay for irregular abuse of the same.

I consent to being contacted at any time it is deemed necessary by my child(ren)'s teacher(s) or any other staff member.

I give consent for my child(ren) to take part in all program activities, including sports events and trips away from the facility upon prior notification. I understand students will be accompanied by a teacher and under adequate supervision. I understand there are risks associated with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in events, I assume responsibility for the ordinary and reasonable risks associated with the travel and activities. While I agree to release PBCS and any other facility or persons connected with the school from any and all liabilities for injury and/or illness resulting while in attendance at the school, 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 proven in a court of law, I acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force.

I agree that in the event that any legal action is taken by myself or by any other person related or associated with me against the school, any persons connected to the school, its boards, administrators, teachers, staff members, students, parents, any persons otherwise associated with the school or any other facility connected to the school's operations and activities, I will pay all legal costs that arise.

I realize that the school in which my child(ren) is enrolled in is not an infirmary and in no way will care for my child(ren) during an illness. I realize that if my child(ren) should become ill while on the premises, I will be contacted and expected to provide transportation home. My child(ren) is expected to attend school regularly and an email notification and explanation of absence is due when my child(ren) is not in attendance.

I agree to pay the curriculum fees, tuition, and any other applicable fees when they are due.

I have read the following, understand them, and will adhere to the policies and procedures:

\_\_\_\_\_ Student enrollment application  
\_\_\_\_\_ Financial Aid application  
\_\_\_\_\_ Student Pick-up list

\_\_\_\_\_ Student Handbook  
\_\_\_\_\_ Promotional material  
\_\_\_\_\_ Emergency Information

Mother or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_