



215 Forest Hills Street, Jamaica Plain, MA 02130

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You can also fill out this form online by logging into your RENWEB account!!

2011-2012 RE-ENROLLMENT FORM

Are you planning for your child to return in 2011-2012? Yes No

Applying for Grade: _____

If your child will not be returning to Parkside or Cross Factor, please explain: _____

If no, please only fill out the last name and first name of your child and return this form to the Main Office. It will help with our planning process for next year. Thank you!

Student Information

Last Name: _____ First Name: _____ Male Female

Nickname: _____ Student's Age: _____ Date of Birth: _____

Sibling(s) Name	Age	Applying/Returning to PCA/CFA?	
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Has your child had any recent testing regarding their health or learning needs that we should be aware of? Yes No

If yes, please explain: _____

What is your primary reason(s) for re-enrolling your child at PCA?

- Quality of education
 Quality of Staff
 Cost
 Location
 Other Parents
 Christian Education
 Other _____

How can PCA improve going into this new academic year? _____

Are you interested in enrolling your child(ren) in PCA's Summer Enrichment Program? Yes No

Office Use:	Start Date: _____	Registration Fee Paid <input type="checkbox"/>	Cash <input type="checkbox"/>	Check <input type="checkbox"/>	CC <input type="checkbox"/>	Date Paid: _____
	Deposit Paid <input type="checkbox"/>	Cash <input type="checkbox"/>	Check <input type="checkbox"/>	CC <input type="checkbox"/>	Date Paid: _____	
	Immunizations <input type="checkbox"/>					

Parent or Guardian Information

Last Name: _____ **First Name:** _____
Relationship to Student: _____
Address: _____

Home Phone: _____ Cell Phone: _____
Email: _____
Place of Employment _____
Occupation: _____ Work Phone: _____

Last Name: _____ **First Name:** _____
Relationship to Student: _____
Address: _____

Home Phone: _____ Cell Phone: _____
Email: _____
Place of Employment _____
Occupation: _____ Work Phone: _____

Marital Status of Parents/Guardians: Married Single Divorced Separated Widowed

Applicant lives with: Both Parents Mother Father Other _____

Place of Worship/Denomination: _____

Will you be applying for financial aid? Yes No

I understand that this application and all other relevant information will be considered by the Admissions Committee when such material is complete. I grant Parkside Christian Academy and Cross Factor Academy permission to request and receive confidential information regarding my child. I understand that this confidential information will be used solely as part of the admission process and will not be made part of my child's permanent record.

Date of this application: _____ Signature: _____

This application must be signed and accompanied by a \$45 non-refundable fee per family (if received after March 15, 2011). Parkside Christian Academy and Cross Factor Academy welcomes all children regardless of race, handicap, color, religion, gender, national and ethnic origin.