

Date: _____

K ADMISSION APPLICATION

- ___ Processing Fee
- ___ Registration Fee
- ___ Birth Certificate
- ___ Immunization Records

Christian Academy of Prescott
 148 S. Marina Street
 P.O. Box 30
 Prescott, AZ 86302
 (928) 445-2565

- ___ Parent Commitment Form
- ___ Parental Statements of Faith
- ___ Medical Form
- ___ Emergency Card

PERSONAL INFORMATION:

Grade Entering ___ School Year ___ - ___

Student's Name _____ M ___ F ___ Date of Birth _____ Age _____
Last First M. I.

Address _____ Phone _____

City _____ State _____ Zip _____

Father's Name _____ Social Security # ____ - ____ - ____

Address _____ Home Phone _____ Cell Phone _____

City _____ State _____ Zip _____

Occupation & Employer _____ Work Phone _____

Mother's Name _____ Social Security # ____ - ____ - ____

Address _____ Home Phone _____ Cell Phone _____

City _____ State _____ Zip _____

Occupation & Employer _____ Work Phone _____

Names and Ages of Other Children in the Family:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Names of Others Living in the Home:

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Church Affiliation _____ Church Address _____

Pastor _____ Phone _____

Do the student's parents attend regularly? ___Yes ___No

Does the student attend regularly? ___Yes ___No

Parent's Marital Status: ___Married ___Separated ___Divorced ___Widowed

If the student is not living with his or her birth mother/father, please enter the following:

Guardian_____

Address_____Phone_____

City_____State_____Zip_____

Emergency Information and Immunization Record Card

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Mother or Guardian Name:	Home Address (#, Street, City):	Home Phone:
Cell Phone (optional):	Business Address (#, Street, City):	Business Phone:

Father or Guardian Name:	Home Address (#, Street, City):	Home Phone:
Cell Phone (optional):	Business Address (#, Street, City):	Business Phone:

I authorize the following individuals to collect my child from the facility if I cannot be located:

Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:

The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

If Medical care is necessary, CALL:

DOCTOR	Name:	Address (#, Street, City):	Phone:
HOSPITAL	Name:	Address (#, Street, City):	Phone:

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

In case of injury or sudden illness, I request that this individual be called first:
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Does your child have insurance coverage? No Yes Name of Insurance Company:

Telephone Authorization Code: _____ (optional)

Immunization Information

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

Is child allergic to food or other substances? If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child usually susceptible to infections and if so, what precautions need to be taken? If yes, list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child subject to convulsions and what should be our procedure if one occurs? If yes, specify procedure:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? If yes, list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Additional comments:	
Other special instructions:	

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
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PREVIOUS RECORD RELEASE REQUEST

Date_____

Student's Name_____ Grade_____

Date of Birth_____-_____-_____

Last School Attended_____

School Address_____

The above named school has my permission to release the following information on the above named student to **CHRISTIAN ACADEMY OF PRESCOTT:**

- Grades
- Achievement Test Ratings
- Intelligence Test Ratings
- Health Date
- Transfer Grades
- All Other School Related Information
- Absentee, Tardy, and Discipline Information
- Special Education and Resource Records

This release is in accordance with the provisions of the Family Education Rights and Privacy Act of 1974.

Signature_____

Relationship to Student_____

Thank you for your attention to this matter, it is appreciated.

CHRISTIAN ACADEMY OF PRESCOTT
FAX # (928) 778-9794

PARENTAL AUTHORIZATION FORM FOR FIELD TRIP PARTICIPATION

Important: This authorization form will be put in your student's(') file and a copy will be given to their teacher(s). This form authorizes your child(ren) to participate in all their class field trips for the 2008-2009 school year. Parents/Guardians, prior to any field trips, will be notified of where and when their student's class will be taking a field trip. If you do not want your child(ren) to participate in a particular field trip, notify the CAP office immediately (928) 445-2565. Please read the following carefully and sign where appropriate.

Agreement and Consent Statement	<ol style="list-style-type: none"> 1. I grant my consent willingly for my child (ren) to participate in all of their class field trips. 2. I agree if I do not want one or more of my children to participate in a field trip, I will notify the CAP office before the field trip date. 3. I release and hold Christian Academy of Prescott harmless from any injury, loss, or damage resulting from my child(ren)'s participation in any class field trips. 4. I also release and hold Christian Academy of Prescott harmless from any injury, loss, or damage arising from any act or omission of any entity providing goods or services in connection with any Christian Academy of Prescott field trip, except for acts or omissions that are willful or grossly negligent. 5. I also release all Christian Academy of Prescott employees, agents and representatives, including volunteers, from any and all claims, including negligence, which may be asserted by me, my child(ren), or on behalf of me or my child(ren), arising from or relating to my child(ren)'s participation in their class field trips. 6. I agree to indemnify Christian Academy of Prescott for all injuries, loss, or damage to the person or property of others caused by my child(ren) while on a field trip. 7. I release and hold Christian Academy of Prescott harmless from any liability for reasonable decisions or actions as may be taken to protect the health and safety of my child (view "Good Samaritan Laws"). 8. In the event this release on behalf of myself and/or my child(ren) is held to be invalid or unenforceable, I agree to indemnify and hold harmless releases from any and all claims, including negligence, which may be asserted by me or my child(ren), or on behalf of my child(ren), arising from or relating to my child(ren)'s participation in any field trip. 9. If in the event of any accident or emergency and I am unavailable to provide consent, I authorize Christian Academy of Prescott to provide health care services to my child(ren), at my expense, as deemed necessary, and I release and hold Christian Academy of Prescott harmless from all liability resulting from such health care services. 10. I agree that Christian Academy of Prescott shall have the right to enforce appropriate standards of conduct, including but not limited to those described in the Parent/Student Handbook, and I authorize Christian Academy of Prescott to take disciplinary or any other action deemed reasonably necessary to maintain those standards. 11. If I am accompanying my child(ren) on a field trip, I recognize that violation of any such standards of conduct by my child(ren) or me may result in the Christian Academy of Prescott's Administrator determining that we may no longer participate in any other field trips. 12. In the event that a Christian Academy of Prescott teacher determines that I and/or my child(ren) may no longer participate in the field trip we will leave the area promptly and are not guaranteed a refund or any reduction in fees or costs of the field trip. I do retain the right to appeal the Christian Academy of Prescott teacher's decision to the Administrator. 13. I understand that Christian Academy of Prescott does have liability insurance. 14. I will provide Christian Academy of Prescott with any changes to my child(ren)'s medical information before every field trip. 15. I will provide Christian Academy of Prescott with any changes to my child(ren)'s emergency contact information before every field trip.
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I have read and understand fully the above agreement and consent statement: _____
Parent/Guardian Signature

I have read and understand fully the above agreement and consent statement: _____
Parent/Guardian Signature

CHRISTIAN ACADEMY OF PRESCOTT PARENT COMMITMENT CONTRACT

Student's Name _____

PRIOR TO ADMITTANCE to the Christian Academy of Prescott Preschool, each of the following statements must be initialed, signifying agreement, by **ALL** parents or guardians having legal custody of the child written above.

_____ I agree that my child's attendance at Christian Academy of Prescott Preschool and Child Care Facility is a privilege and not a right, and that if at any time his/her conduct, academic progress, or family cooperation with school authorities is not in keeping with the requirements of the Academy, C.A.P.P. reserves the right to terminate, at its discretion, my child's enrollment.

_____ I give permission for my child to take part in all school activities. I absolve C.A.P.P. from all liability, beyond the limits of school provided accident insurance, in the event my child is injured at school or during any school sponsored activity.

_____ I agree with the school's efforts to train my child in the Bible and will encourage him/her in this, and in all other phases of the biblically-integrated curriculum.

_____ I agree to pay assessments charged by C.A.P.P. to cover malicious damage to school property by my child (i.e. broken window, book abuse, etc.)

_____ I agree my child is **fully** potty trained and 2 or more "accidents" will be cause for delayed entrance to C.A.P.P.

_____ I agree to pay the nonrefundable (re) registration fees upon request. I understand that tuition is to be paid in advance, yearly, or monthly. I understand that a 10% late charge is billed to unpaid accounts the first working day after the 10th of the month. An account is declared delinquent on the 11th. I further understand, when my account becomes 30 days delinquent, my child may not be allowed to continue his/her education at C.A.P.P.

_____ since the cost of operating C.A.P.P. exceeds revenues received from tuition and fees, I will endeavor to assist through prayer, volunteering, giving, and recruiting. I will also endeavor to participate in Parent-Teacher Fellowship activities.

_____ I understand that my preschool child must be at least 3 years old by September 1st to be admitted and my kindergartner must have his/her fifth birthday prior to September 1st, to be considered for enrollment.

_____ I will provide, in a prompt manner, all requested immunization records for my child.

_____ I agree to attend the August Parent Orientation prior to my child's first day of attendance in the fall.

_____ I have read the **Parent-Student Handbook** and agree that both my child and I will endeavor to follow the regulations and guidelines stated.

_____ I agree that tuition refunds will be made on a pro-rated basis for withdrawals when the school has received **two weeks prior notice**.

_____ I agree that all differences are to be resolved by utilizing biblical principles. I agree that any claim or dispute arising out of, or related to my child's enrollment and attendance at C.A.P.P. shall be settled by biblically-based mediation. I further agree that if resolution of the dispute and reconciliation does not result from such efforts, that matter shall then be submitted to a panel of three arbitrators for binding arbitration. Each party shall have the right to select an arbitrator. Two arbitrators selected by the parties shall jointly select the neutral third arbitrator. I further agree that these methods shall be the sole remedy for any controversy or claim arising out of the parent/students and C.A.P.P. relationship, and expressly waive my right to file a lawsuit against C.A.P.P. in any civil court for such disputes, except to enforce a legally binding arbitration decision. I agree, regardless of the outcome, to bear the cost of my arbitrator and one-half the fees and costs of the neutral arbitrator and any other arbitration expenses.

All parents or guardians residing in the home, please sign below indicating agreement with the above requirements.

PARENT OR GUARDIAN SIGNATURE _____ DATE _____

PARENT OR GUARDIAN SIGNATURE _____ DATE _____

AFFIDAVIT OF INTENT

CHILD'S LAST NAME _____ FIRST _____ MIDDLE _____

DATE OF BIRTH _____ GRADE _____ MALE _____ FEMALE _____

THE ABOVE NAMED CHILD IS ATTENDING: _____ HOME SCHOOL **OR** _____ A REGULARLY ORGANIZED PRIVATE SCHOOL.

NAME(S) AND ADDRESS(ES) OF PERSON(S) WHO HAVE CUSTODY OF THE CHILD:

NAME _____

PHYSICAL ADDRESS _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) _____

CITY _____ STATE _____ ZIP _____

(_____) _____
PHONE NUMBER(S)

NAME _____

PHYSICAL ADDRESS _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) _____

CITY _____ STATE _____ ZIP _____

(_____) _____
PHONE NUMBER(S)

PUBLIC SCHOOL DISTRICT OF RESIDENCE

OR

NAME OF PRIVATE SCHOOL CHILD IS ATTENDING

ADDRESS OF PRIVATE SCHOOL _____

CITY _____ STATE _____ ZIP _____

For Private School and Home School Parents:

I understand that an affidavit of Intent shall be filed within thirty days from the time the child begins to attend a private school or home school and is not required thereafter unless the private school or the home school instruction in at least the subjects of reading, grammar, mathematics, social studies and science. The person who has custody of the child shall notify the county school superintendent within thirty days of the termination that the child is no longer being instructed at a private school or a home school. If the private school or home school instruction is resumed, the person who has custody of the child shall file another Affidavit of Intent with the county school superintendent within thirty days. (ARS 15-802.C)

In addition, for Home School Parents:

I understand a certified copy of the child's birth certificate or other reliable proof of the child's identity and age shall also be filed in the county school superintendent's office. (ARS 15-828.3.B)

I understand that testing of children who are instructed in a home school program while they are receiving home school instruction is not required. (ARS 15-745.A)

I understand that a child who re-enrolls in a kindergarten program or grades one through twelve in a public school after receiving instruction in a home school program shall be tested in order to determine the appropriate grade level for the educational placement of the child. (ARS 15-745.B)

I (WE) ELECT TO NOT BEGIN FORMAL EDUCATION UNTIL THIS CHILD REACHES EIGHT YEARS OF AGE.

If the child is attending **HOME SCHOOL**, after signing and notarizing this form, return the original to:

Yavapai County School Superintendent
1015 Fair Street, Suit 324
Prescott, AZ 86305-1852
Telephone 928-771-3326

If the student is enrolled in a **PRIVATE SCHOOL**, after signing and notarizing this form, return the original to the private school named above.

For office use only

STATE OF _____, COUNTY OF _____

SUBSCRIBED AND SWORN TO before me this

_____ DAY OF _____ 20____

SIGNATURE OF NOTARY PUBLIC

My Commission Expires: _____

Signature of person having custody of the child

Dear C.A.P. Parents,

The beginning of the school year is quickly approaching. Many of you have applied for and received scholarships for this school year.

Scholarship and grant monies only pay for your student(s)'s tuition.

Hot lunches, milks, and daycare are all optional services which C.A.P. provides. Therefore, because these services are optional, if parents choose to have their child (ren) use these services, parents must pay for the use of services, monthly.

In order for your child to order a hot lunch, or milk you must prepay for a hot lunch ticket or milk ticket.

Hot lunches come with one milk (chocolate or white) if you want your child to have extra milks then a milk ticket must be purchased as well as a hot lunch ticket. If you opt to use our hot lunch program and milk service you must prepay for a hot lunch ticket and milk ticket **before** your child will be allowed to order a hot lunch or milk.

If your child orders a hot lunch or milk but you have not purchased a hot lunch ticket or milk ticket the C.A.P. office will notify you and your child will not receive a hot lunch or milk until you pay for a lunch ticket or milk ticket.

We look forward to serving you and your child (ren) this school year. If you have any questions now or in the future feel welcome to stop by the C.A.P. office or call 928-445-2565.

In His Service,
The C.A.P Office

Dear C.A.P. and C.J.A. Parents,

Christian Academy of Prescott has developed procedures over the past 27 years to ensure that your child's safety comes first. Academics are important but safety comes first at CAP. In the event of a crisis you will be kept informed as to the nature of the crisis and what was done in response to the crisis. The following list is to inform you of what to expect when Christian Academy is in lockdown.

- If you come early to pick up your child all the outer doors will be locked including the main entrance.
- You will have to call the CAP office at **(928) 445-2565** in order for your child to be dismissed from class and brought down to the CAP office.
- One of the Cap office staff will retrieve your child (ren) from their classroom and bring them to you.
- YOU MUST STAY OUTSIDE. ONLY AUTHORIZED EMPLOYEES ARE ALLOWED TO BE IN THE HALLS.
- You must always sign you child out if you are taking them before release time.
- If a memo has been developed to be sent home with the students you will receive one as you are signing your child (ren) out. Everything you need to know regarding the crisis will be in the memo.
- **the CAP office staff is not allowed to respond to any questions regarding the crisis unless prior authorization to answer parents' questions has been given by the Administrator.**
- If you want more information regarding the crisis you will have to call the CAP office the next school day and talk to either the Administrator or the Media Relations Coordinator.
- If you arrive to pick up your child (ren) before a memo regarding the crisis has been developed, the memo will be sent home with your child the next school day.

Every precaution to keep your child (ren) safe has been taken during a Lockdown. Christian Academy of Prescott does not advise taking your child (ren) out of the building while there is a Lockdown in progress. To take your child (ren) out of the building during a Lockdown is to do so at your own risk and at your child (ren)'s own risk.