

# Preschool Admission Application

## For Office Use:

<input type="checkbox"/> <b>Medical Form</b>	<b>Enrollment Date:</b>
<input type="checkbox"/> <b>Birth Certificate</b>	<input type="checkbox"/> <b>Processing Fee:</b>
<input type="checkbox"/> <b>Immunization Records</b>	<b>Check Days Preferred: (NO DROP INS)</b>
<input type="checkbox"/> <b>Blue Card (Emergency Release Form)</b>	<input type="checkbox"/> <b>M-W-F</b> <input type="checkbox"/> <b>T-TH</b> <input type="checkbox"/> <b>T-F</b> <input type="checkbox"/> <b>M-F</b> <input type="checkbox"/> <b>AM</b> <input type="checkbox"/> <b>PM</b>
<input type="checkbox"/> <b>Parent Volunteer Form</b>	<b>Check the box that applies:</b>
<input type="checkbox"/> <b>Parent Commitment Form</b>	<input type="checkbox"/> <b>Early Care (7:30 a.m. – 8:30 a.m.)</b>
	<input type="checkbox"/> <b>Extra Day care till 3:00 p.m.</b>
	<input type="checkbox"/> <b>Full Day ( 3:00 p.m. – 5:30 p.m.)</b>

### Personal Information:

Phone \_\_\_\_\_

Name \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial)

Student's Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade Entering \_\_\_\_\_ School Year \_\_\_\_\_ - \_\_\_\_\_  M  F

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Family Information:

Parent's/Guardian's Marital Status:  Married  Separated  Divorced  Widowed

Father's/Guardian's Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (cell) \_\_\_\_\_ (Work) \_\_\_\_\_ Occupation/Company Name \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (cell) \_\_\_\_\_ (Work) \_\_\_\_\_ Occupation/Company Name \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### General Information:

Preschool last attended: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Has the student had a disciplinary/behavior problem?  YES  NO If yes, please explain: \_\_\_\_\_

Family Church Affiliation: \_\_\_\_\_ Phone \_\_\_\_\_

Pastor \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do the student's parents attend regularly?  YES  NO Does the student attend regularly? YES  NO

How did you hear about the Christian Academy of Prescott Preschool?

Personal Referral  School Materials  Website  Newspaper  Other \_\_\_\_\_

If you were referred, please provide the name and address of the family that referred you to the Christian Academy of Prescott Preschool

Name (s) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Medical Form

**Student Information:** \_\_\_\_\_ Date of Birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial)  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**Persons to call in an emergency IF a parent CANNOT be reached:**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**If medical care is necessary, call:**

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Hospital's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Father's/Guardian's Name \_\_\_\_\_ Social Security # \_\_\_\_ - \_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (cell) \_\_\_\_\_ (Work) \_\_\_\_\_ Occupation/Company Name \_\_\_\_\_  
Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Mother's/Guardian's Name \_\_\_\_\_ Social Security # \_\_\_\_ - \_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (cell) \_\_\_\_\_ (Work) \_\_\_\_\_ Occupation/Company Name \_\_\_\_\_  
Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**Medical Information:**

**PLEASE NOTE:** A physical copy of immunizations is required from your health care provider OR a signed IMMUNIZATION EXEMPTION form on file (available in the CAPP office) for one of the following reasons:

Medical      or       Religious Beliefs

**Medical History:**

<input type="checkbox"/> Anemia .....	<input type="checkbox"/> Jaundice.....	<input type="checkbox"/> Tuberculosis....
<input type="checkbox"/> Asthma .....	<input type="checkbox"/> Measles .....	<input type="checkbox"/> Valley Fever....
<input type="checkbox"/> Convulsive Disorders...	<input type="checkbox"/> German measles _____	<input type="checkbox"/> Psychological, IQ _____
<input type="checkbox"/> Crippling Conditions...	<input type="checkbox"/> Mumps.....	<input type="checkbox"/> Serious Injury (or)... _____
<input type="checkbox"/> Chest Conditions .....	<input type="checkbox"/> Rheumatic Fever _____	<input type="checkbox"/> Accident.....
<input type="checkbox"/> Chicken Pox .....	<input type="checkbox"/> Tonsillitis.....	<input type="checkbox"/> Operations (specify) _____
<input type="checkbox"/> Diabetes.....	<input type="checkbox"/> Strep Infection..	
<input type="checkbox"/> Eye, Ear, Nose Disease _____	<input type="checkbox"/> Scarlet Fever _____	
<input type="checkbox"/> Heart Condition .....	<input type="checkbox"/> Whooping Cough _____	

**Child's Most Recent Dental Exam:**

Date: \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Hearing Screening Tests:** Date: \_\_\_\_\_ Right \_\_\_\_\_ Left \_\_\_\_\_

**Vision Screening Tests:** Date: \_\_\_\_\_

Visual B \_\_\_\_\_

Acuity R \_\_\_\_\_

L \_\_\_\_\_

Binocular Vision \_\_\_\_\_

Strabismus \_\_\_\_\_

1. Is child to food or other substances? (If so, name foods or substances to be avoided and procedure to follow if reactions occur.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

2. Are there any physical disabilities that we should be aware of and what precautions should be taken? (heart Trouble, foot problems, hearing impairment, hernia, convulsions, asthma, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

- Additional Comments: \_\_\_\_\_

\_\_\_\_\_.

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 that I am responsible for the expense of such service. If emergency service involving medical action or treatment is required and neither parent nor guardian can be contacted, I hereby consent for the student named above to be given medical care by the doctor selected by the school. This might also include ambulance service.

\_\_\_\_\_  
Father's/ Guardian's Signature Date \_\_\_\_\_ Mother's/Guardian's Signature Date \_\_\_\_\_

### Medical Information

Tetanus Immunization Date: \_\_\_\_\_

Allergies to Medication: \_\_\_\_\_

Allergies to Food : \_\_\_\_\_ Other: \_\_\_\_\_

Special diet requirements: \_\_\_\_\_

Other special instructions: \_\_\_\_\_

Child May Be Picked Up By:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### IMPORTANT: Please Read Before Signing! Parent Commitment Form

By signing this application, you are indicating both your family's desire to be a part of the Christian Junior Academy of Prescott and your commitment to support the ideas and standards of this Academy, including the following:

- A. Being aware of the general Academy rules and to actively support the Academy in the administration of those rules.
- B. Granting permission for my student to attend all school-sponsored trips and activities through out the school year unless I request , in writing, nonparticipation in an event.

Father \_\_\_\_\_ Date \_\_\_\_\_

Mother \_\_\_\_\_ Date \_\_\_\_\_

Insurance information needed:

Group Name \_\_\_\_\_ Provider # \_\_\_\_\_ ID# \_\_\_\_\_

## C.J.A. Parent Commitment Contract

Student's Name \_\_\_\_\_

**PRIOR TO ADMITTANCE** to the Christian Junior Academy of Prescott, 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 Junior Academy of Prescott 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.J.A. 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.J.A. 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.J.A.

\_\_\_\_\_ 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.J.A.

\_\_\_\_\_ since the cost of operating C.J.A. 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.J.A. 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.J.A. relationship, and expressly waive my right to file a lawsuit against C.J.A. 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 \_\_\_\_\_

# Christian Academy and Christian Junior Academy of Prescott Volunteer Form

Parents,

The success of the social, fund-raising and extra-curricular activities of C.A.P. depend on the help of the parents of our students. Please take a moment to fill out the information below. (Only one form per family is necessary). We would like to have one on file to see how best you can help us throughout the school year.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Children enrolled in C.A.P. or C.J.A.:

1. \_\_\_\_\_ Grade/Class \_\_\_\_\_

2. \_\_\_\_\_ Grade/Class \_\_\_\_\_

3. \_\_\_\_\_ Grade/Class \_\_\_\_\_

4. \_\_\_\_\_ Grade/Class \_\_\_\_\_

Are you employed?  Yes  No /  part-time  full-time

### A. Transportation:

Are you willing to use your car for transportation on field trips?  yes  no

Will you help on field trips if the buses are used?  yes  no

### B. General School Needs:

If you are willing to help in any of the following areas please indicate by checking the appropriate box:

Room Mother – limited phoning and arranging of refreshments for class Parties.

Help with room parties.

Decorating (social events, fund raisers etc.)

Baking

Serving

Clean Up

Handy man chores (painting, building shelves etc.)

Fund Raising

I would be willing to help in any way my schedule allows.

**Remember – we really need you!!**

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.

# Emergency Information and Immunization Record Card

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

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

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

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

<b>Name:</b>	<b>Address (#, Street, City):</b>	<b>Phone:</b>
<b>Name:</b>	<b>Address (#, Street, City):</b>	<b>Phone:</b>
Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:

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

<b>Name(s):</b>
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Custody papers have been provided and are on file at the facility.  yes  no

If Medical care is necessary, CALL:

<b>DOCTOR</b>	<b>Name:</b>	<b>Address (#, Street, City):</b>	<b>Phone:</b>
<b>HOSPITAL</b>	<b>Name:</b>	<b>Address (#, Street, City):</b>	<b>Phone:</b>

**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.

<b>In case of injury or sudden illness, I request that this individual be called first:</b>
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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](http://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

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**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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