

Date: \_\_\_\_\_

### ELEMENTARY ADMISSION APPLICATION

- \_\_\_ Processing Fee
- \_\_\_ Registration Fee
- \_\_\_ Birth Certificate
- \_\_\_ Immunization Records
- \_\_\_ Student Academic Sheet
- \_\_\_ Records Release Form

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
- \_\_\_ Report Cards
- \_\_\_ Standardized Tests

#### 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 \_\_\_Widow

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

Guardian\_\_\_\_\_

Address\_\_\_\_\_ Phone\_\_\_\_\_

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

**CAP STUDENT MEDICAL FORM**

Student's Name: \_\_\_\_\_ Birth Date \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First M.I.

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

**Persons to be called in an emergency if a parent CANNOT be reached**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

This person **MAY** pick up my child from CAP, if needed \_\_\_\_\_ Yes or \_\_\_\_\_ No

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

This person **MAY** pick up my child from CAP, if needed \_\_\_\_\_ Yes or \_\_\_\_\_ No

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

Doctor's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**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 .....	

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

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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.)

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3. • Additional Comments:

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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 \_\_\_\_\_

**ELEMENTARY STUDENT ACADEMIC SHEET**

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

Grade average for the current year (circle one)    A    B    C    D    F

Please rank the following subjects in order of your student's relative strengths by placing a "1" in front of your student's strongest subject, a "2" in front of your student's second strongest subject, etc. until all subjects are ranked.

\_\_\_\_\_ Math    \_\_\_\_\_ Language Arts    \_\_\_\_\_ Science    \_\_\_\_\_ Social Studies    \_\_\_\_\_ Art  
                                 \_\_\_\_\_ Music    \_\_\_\_\_ Physical Education

Describe the types of schools your student has attended: \_\_\_\_\_  
\_\_\_\_\_.

What are your student's academic strengths? \_\_\_\_\_  
\_\_\_\_\_.

What do you see as your student's academic weakness/es? \_\_\_\_\_  
\_\_\_\_\_.

Has your student ever been recommended for testing, been tested and /or diagnosed for any of the following conditions? Check all that apply. If any are checked, please explain the situation below.

- |   |   |
|---|---|
| <input type="checkbox"/> Academically gifted        | <input type="checkbox"/> Mentally Challenged        |
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Neurological impairment    |
| <input type="checkbox"/> Dyslexic                   | <input type="checkbox"/> Orthopedic Impairment      |
| <input type="checkbox"/> Emotional Disability       | <input type="checkbox"/> Speech/language impairment |
| <input type="checkbox"/> Hearing Impairment         | <input type="checkbox"/> Tourette's Syndrome        |
| <input type="checkbox"/> Hyperactivity              | <input type="checkbox"/> Visual Impairment          |
| <input type="checkbox"/> Learning Disability        | <input type="checkbox"/> Other _____                |

Explanation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Has your student ever received special academic help (such as tutoring) or a modified curriculum? If so, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.



# 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)

## PUBLIC SCHOOL DISTRICT OF RESIDENCE

NAME \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
PHONE NUMBER(S)

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

**EMERGENCY INFORMATION CARD**

This record updated: \_\_\_\_\_

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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

Mother/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Work Address/Name \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Work Address/Name \_\_\_\_\_

**Persons to be called in a an emergency if a parent CANNOT be reached**

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

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

This person **MAY** pick up my child from CAP, if needed: \_\_\_\_\_YES or \_\_\_\_\_NO

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

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

This person **MAY** pick up my child from CAP, if needed: \_\_\_\_\_YES or \_\_\_\_\_NO

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

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

This person **MAY** pick up my child from CAP, if needed: \_\_\_\_\_YES or \_\_\_\_\_NO

**IF MEDICAL CARE IS NECESSARY, CALL:**

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

In case of injury or sudden illness, I hereby give authority to any hospital or doctor to render immediate emergency 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.

WITNESS \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I hereby permit the Christian Academy of Prescott to release by child to the above persons, upon my telephone authorization.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**IMPORTANT: PLEASE READ BEFORE SIGNING!**

All students new to CAP will be reviewed at the conclusion of their first marking/grading period by the faculty. The purpose of the review is to determine the student's current level of success in all areas: spiritual, academic, social, etc. The student will be invited to continue in the Academy, placed on probation or asked to leave at that time. However, the Academy reserves the right to review the behavior, spiritual growth, and academic progress of every student at any time to determine his/her ability to benefit from the educational life at the academy. By signing this application, you are indicating both your family's desire to be part of Christian Academy and your commitment to support the ideals 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. Understanding that should the student possess or consumed alcohol, drugs or tobacco on or off campus, he/she may be expelled from the Academy.
- c. Granting permission for my student to attend all school-sponsored trips and activities throughout the school year unless I request, in writing, non-participation in an event.

Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL INFORMATION**

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

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

Allergies to Food(s) \_\_\_\_\_ Other \_\_\_\_\_

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

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

**CHILD MAY BE PICKED UP BY**

**Name** \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

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

**Name** \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

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

**Name** \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

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

**Name** \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

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