

Date: _____
___ Processing Fee
___ Registration Fee
___ Birth Certificate
___ Immunization Records

K ADMISSION APPLICATION
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 _____

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 _____

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

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)

ADDRESS OF PRIVATE SCHOOL _____

CITY _____ STATE _____ ZIP _____

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 my 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 _____