

# Preschool Admission Application

## For Office Use:

<input type="checkbox"/> <b>Medical Form</b> <input type="checkbox"/> <b>Birth Certificate</b> <input type="checkbox"/> <b>Immunization Records</b> <input type="checkbox"/> <b>Blue Card (Emergency Release Form)</b> <input type="checkbox"/> <b>Parent Volunteer Form</b> <input type="checkbox"/> <b>Parent Commitment Form</b>	<b>Enrollment Date:</b> <input type="checkbox"/> <b>Processing Fee:</b> <b>Check Days Preferred: (NO DROP INS)</b> <input type="checkbox"/> <b>M-W-F</b> <input type="checkbox"/> <b>T-TH</b> <input type="checkbox"/> <b>M-F</b> <b>Check the box that applies:</b> <input type="checkbox"/> <b>Early Care (7:45 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 Physical Exam:**

Date: \_\_\_\_\_ Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**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 Academy of Prescott Preschool 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.A.P.P. 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 \_\_\_\_\_

# Christian 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.A.P.P.:

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!!**