



GRADES 1-4 ENROLLMENT PROCEDURE

1. Complete all enrollment forms.
2. All forms must be returned to the CAP office along with the \$50 Registration Fee and Books & Materials Fee before the admissions process can officially begin.
3. Once all forms have been received, a parent/student interview will be scheduled with the Admissions Committee.
4. Christian Academy will arrange for student to be tested, if necessary.
5. Notification of acceptance or denial will be sent by the Admissions Committee upon their review of the application packet and the interview.
6. Attendance is required at Parent Orientation.

ENROLLMENT PACKET CHECKLIST

- Registration Fee (\$50.00)
- Books & Materials Fee (\$200.00)
- Student Application
- Student Academic Sheet (Grades 1-4)
- Parent's Statement of Faith
- Parent Commitment Contract
- Student Lifestyle Contract (Grades 3-4 only)
- Affidavit of Intent (may be notarized at CAP office)
- Birth Certificate (copy)
- Emergency Information Form (both sides)
- Updated Immunization Records or Signed Exemption Form (copy)
- Student Medical Authorization Card
- Field Trip Authorization Form
- Media Release Form
- Records Release Form for Previous School
- Signed Student and Parent/Guardian Statements (from Handbook)

Office Use Only:

Parents received: Handbook Directory
 Calendar Supply List



STUDENT APPLICATION

148 S. Marina St.
Prescott, AZ 86303-3829
Phone: 928-445-2565 Fax: 928-445-2563
christianacademy@cap-prescott.com

Date _____

School Year _____ - _____

Applying for Grade _____

STUDENT INFORMATION

1. Student's Legal Name _____ Male Female
Last First Middle
Date of Birth _____ Age _____ Home Phone _____
Street Address _____
Mailing Address (if different from above) _____
City _____ State _____ Zip _____

PARENT/GUARDIAN INFORMATION

2. Father/Stepfather/Guardian _____ Soc. Sec. # _____
(circle one) Last First M.I.
Address (if different from student) _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
E-Mail Address _____
Employer/Occupation _____ Work Phone _____
Marital Status: Married Separated Divorced Widowed
3. Mother/Stepmother/Guardian _____ Soc. Sec. # _____
(circle one) Last First M.I.
Address (if different from student) _____
City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
E-Mail Address _____
Employer/Occupation _____ Work Phone _____
Marital Status: Married Separated Divorced Widowed
4. Child lives with: Mother & Father Mother Father Mother & Stepfather
 Father & Stepmother One Parent Deceased Other Relationship

5. If parents are divorced or separated, with whom does student primarily reside? _____

Who has legal custody? _____

6. Name/Age/School of Other Children in Family

1. Name _____ Age _____ School _____

2. Name _____ Age _____ School _____

3. Name _____ Age _____ School _____

4. Name _____ Age _____ School _____

7. Names of Others Living in the Home

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

8. Local Church Affiliation _____ Phone _____

Church Address _____

Pastor's Name _____

As parents, do you attend regularly? Yes No

Does the student attend regularly? Yes No

9. How did you hear about Christian Academy?

Radio Website Newspaper/Advertising Friend/Family

Name(s) of Reference(s): _____

Christian Academy of Prescott
GRADES 1-4 STUDENT ACADEMIC SHEET

Student's 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.

- | | | | |
|-------------------------------|--|---|---|
| <input type="checkbox"/> Math | <input type="checkbox"/> Language Arts | <input type="checkbox"/> Science | <input type="checkbox"/> Social Studies |
| <input type="checkbox"/> Art | <input type="checkbox"/> Music | <input type="checkbox"/> 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

STATEMENT OF FAITH AND ACCEPTANCE

Please acknowledge your acceptance of each statement by placing your initials on the line. If you do not accept a particular statement, please explain your position below.

- _____ 1. **We believe** the Bible to be directly inspired by God. It is the only infallible, free from all error, authoritative Word of God in the original writings (II Timothy 3:16; II Peter 1:20-21; I Corinthians 2:10-13).
- _____ 2. **We believe** there is one God, eternally existent in three Persons--Father, Son and Holy Spirit (Matthew 3:16-17, 28:19-20).
- _____ 3. **We believe** man was created by a direct act of God (Genesis 1:26-27).
- _____ 4. **We believe** in the Deity of the Lord Jesus Christ (John 1:1, 14; Colossians 1:19); the virgin birth (Matthew 1:23; Isaiah 7:14); His sinless life (II Corinthians 5:21); His miracles (John 2:11, 10:25, 38; Acts 2:22); His death on the cross to save from sin all who believe on Him (I Peter 1:18-19; I Corinthians 15:3); His bodily resurrection (John 20:24-27; I Corinthians 15:3-4, 20; I Peter 1:21); His ascension to the Father's right hand (Luke 24:51; Mark 16:19); His personal return in power and glory (John 14:1-4; Matthew 25:31; I John 3:2; Acts 1:11; I Thessalonians 4:15-17).
- _____ 5. **We believe** all have sinned and sin leads to condemnation (Romans 3:23, 6:23).
- _____ 6. **We believe** Jesus Christ died for all mankind, but only those who repent and believe on Him as their personal Savior will be saved (John 3:14-17).
- _____ 7. **We believe** that salvation is by the grace of God, not by any works or good deeds of men (Ephesians 2:8-9).
- _____ 8. **We believe** in the present ministry of the Holy Spirit, who lives in the born-again Christian and enables him to lead a Godly life (John 3:5-6; Romans 8:13-16).
- _____ 9. **We believe** in the resurrection of both the saved and the lost; they that are saved unto the resurrection of eternal life (Romans 6:5; John 11:25; I Corinthians 6:14, 15:51-54) and they that are lost unto the resurrection of eternal separation from God and condemnation (Mark 16:16; John 3:18; Revelation 20:11:15).

I have read and agree with the above Statement of Faith.

Parent/Guardian Signature: _____ Date: _____

Christian Academy of Prescott

PARENT COMMITMENT CONTRACT

Name of Student(s) _____ Grade(s) _____

PRIOR TO ADMITTANCE to the Christian Academy of Prescott K-8 and Preschool/Extended Care, 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 Extended 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 Christian Academy, CAP 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 CAP 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 CAP to cover malicious damage to school property by my child (i.e. broken window, book abuse, etc.)

_____ I understand that my preschool child must be at least 2-1/2 years old by August 1 to be admitted, and my kindergarten child must have his/her fifth birthday prior to September 1, in order to be considered for enrollment.

_____ I agree my child is **fully** potty trained and two or more "accidents" will be cause for delayed entrance to CAPP.

_____ 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 business day after the 15th of the month. **An account is declared delinquent on the 16th.** I further understand that when my account becomes 30 days delinquent, my child may not be allowed to continue his/her education at CAP/CAPP.

_____ Since the cost of operating CAP 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 will provide, in a prompt manner, all requested immunization records for my child.

_____ I agree to attend the Parent Orientation meeting 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 using biblical principles. I agree that any claim or dispute arising out of, or related to my child's enrollment and attendance at CAP/CAPP 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 arbiters for binding arbitration. Each party shall have the right to select an arbiter. Two arbiters selected by the parties shall jointly select the neutral third arbiter. I further agree that these methods shall be the sole remedy for any controversy or claim arising out of the parent/students and CAP/CAPP relationship, and expressly waive my right to file a lawsuit against CAP/CAPP 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 arbiter and one-half the fees and costs of the neutral arbiter and any other arbitration expenses.

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

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

Christian Academy of Prescott

AFFIDAVIT OF INTENT

CHILD'S LAST NAME _____ FIRST _____ MIDDLE _____

DATE OF BIRTH _____ GRADE _____ MALE FEMALE

THE ABOVE NAMED CHILD IS ATTENDING: HOME SCHOOL A REGULARLY-ORGANIZED PRIVATE SCHOOL

NAME(S) AND ADDRESS (ES) OF PERSON(S) WHO HAS 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 30 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, Suite 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

Christian Academy of Prescott

STUDENT MEDICAL AUTHORIZATION FORM

Student's Last Name	First Name	M.I.	Grade
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I, _____ (Parent/Guardian) grant my permission for the staff of Christian Academy of Prescott to administer the following medications which I have marked with an "X" to my above named student as necessary during the _____ school year. By signing this form, I absolve the Christian Academy of Prescott and First Baptist Church from any liability in the event my child is injured at school or during any school activity or becomes ill and requires medical attention.

- | | |
|-----------------------------|------------------------|
| ___ ADVIL/MOTRIN | ___ NEOSPORIN OINTMENT |
| ___ ANBESOL ANTISEPTIC | ___ PEPTO BISMOL |
| ___ ANTISEPTIC SPRAY | ___ THROAT LOZENGES |
| ___ EYEWASH SOLUTION | ___ TUMS |
| ___ FIRST AID CREAM | ___ TYLENOL |
| ___ HYDROGEN PEROXIDE | ___ COUGH DROPS |
| ___ HYDROCORTISONE 1% CREAM | |
| ___ IPECAC SYRUP | |

___ I would prefer that my student NOT be administered any of the above medications.

My above-named student has the following allergies:

Signature of Parent/Guardian

Date

Christian Academy of Prescott

FIELD TRIP AUTHORIZATION

Name(s) of Students: _____ Grade(s): _____

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 class field trips for the _____ school year. Parents/Guardians will be notified of where and when their student's class will be taking a field trip (prior to the field trip). Please read the following carefully and sign where appropriate.

Agreement and Consent Statement

1. I grant my consent for my child(ren) to participate in all of their class field trips.
2. I agree that 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 that 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 for 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.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____

Christian Academy of Prescott
MEDIA RELEASE AUTHORIZATION

Student Name(s) _____ Grade(s) _____

1. By initialing "Yes" I give permission for my student to be photographed or filmed during school activities and assign the rights to the use and reproduction of those photos or video, whether in print or electronic form, to Christian Academy of Prescott for promotional photos or video, to be posted on school website, Facebook page, advertisement brochures, or media coverage. ____
2. I understand that by initialing "No" my student will not be included in any photos or video, and if my student is in the background and unidentifiable the Christian Academy of Prescott will use photo or video. ____
3. If I initial "No", but list exceptions, I assign Christian Academy of Prescott, the right to use and reproduce photos or video of my student only in the selected formats or media. ____
4. This photo release remains in effect for the _____ school year only, and a new release form must be signed and on file for each school year. ____
5. Christian Academy of Prescott has individual and class photographs taken two times a year by a professional photography company. I understand that my student will be included in these "school photos", even if I initial "No" unless special arrangements are made with the office to exclude my student. ____

Will you grant Christian Academy of Prescott a full media release? ____ or ____ (Please initial.)
Yes No

Exceptions:

If you selected No, are there any exceptions where you would permit us to photograph or film your student? Please initial your selections below:

- | | | |
|---|--|--|
| <input type="checkbox"/> Class Projects & Presentations | <input type="checkbox"/> School Yearbook | <input type="checkbox"/> School Newspapers |
| <input type="checkbox"/> School Facebook Page | <input type="checkbox"/> School Website | <input type="checkbox"/> Media Coverage (TV/Newspaper) |

Parent /Guardian Printed Name

Parent /Guardian Signature

Date



CDC/SGH# or name: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card**

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

Mother or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Father or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

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:

Does your child have insurance coverage? No Yes Name of Insurance Company:

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

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

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

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>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.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

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 RECORDS
RELEASE REQUEST**

Date _____

Student's Name _____ Grade _____
Last First Middle

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 Records
- 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.

Parent/Guardian Signature _____

Relationship to Student _____

Thank you for your attention to this matter.

CHRISTIAN ACADEMY OF PRESCOTT
Attn: Student Records
148 S. Marina St.
Prescott, AZ 86303
Fax (928) 445-2563