



## KINDERGARTEN 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
- \_\_\_\_\_ Parent's Statement of Faith
- \_\_\_\_\_ Parent Commitment Contract
- \_\_\_\_\_ Affidavit of Intent (may be notarized at CAP office)
- \_\_\_\_\_ Birth Certificate (copy)
- \_\_\_\_\_ Emergency Information Form (both sides)
- \_\_\_\_\_ Updated Immunization Records (copy) or Signed Exemption Form
- \_\_\_\_\_ Student Medical Authorization Card
- \_\_\_\_\_ Field Trip Authorization Form
- \_\_\_\_\_ Media Release Form

### 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

## 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).

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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

## 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**

|   |                       |  |
|---|-----------------------|--|
| <b>Child's Name:</b>                                    | <b>Date Enrolled:</b> | Updated:   |
| <b>Home Address (#, Street, City, State, Zip Code):</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, State, Zip Code):</b> |
| Cell Phone (optional):          | <b>Contact Telephone Number:</b>                        |

|                                 |   |
|---------------------------------|---|
| <b>Father or Guardian Name:</b> | <b>Home Address (#, Street, City, State, Zip Code):</b> |
| Cell Phone (optional):          | <b>Contact Telephone Number:</b>                        |

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

|              |                                  |
|--------------|----------------------------------|
| <b>Name:</b> | <b>Contact Telephone Number:</b> |
| <b>Name:</b> | <b>Contact Telephone Number:</b> |
| <b>Name:</b> | <b>Contact Telephone Number:</b> |
| <b>Name:</b> | <b>Contact Telephone Number:</b> |

If Medical care is necessary, call:

|                              |              |                                  |
|------------------------------|--------------|----------------------------------|
| <b>Health Care Provider*</b> | <b>Name:</b> | <b>Contact Telephone Number:</b> |
|------------------------------|--------------|----------------------------------|

\*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](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 |

**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: |
|-------------------------------|--------------|-------|