



Preschool Application for Admission _____ School Year

Student Name: _____ Application Date: _____

Application Checklist

1. _____ Admission Application
2. _____ Emergency Information (State Blue Card)
3. _____ Parent Commitment Contract Form
4. _____ Media Release Form
5. _____ Lockdown Procedures Letter
6. _____ Sunscreen Permission
7. _____ Copy of Birth Certificate
8. _____ Copy of Updated Immunization Records or signed Exemption Form
9. _____ Enrollment Fee Paid & Days Attending Indicated (see below)

Enrollment Fees

Enrollment Fee for New Students (non-refundable)	\$ 50.00
--------------------------------------------------	----------

Monthly Fees

# of Days	Circle Days of Week Attending	Preschool Hours Only 8:30-11:30 AM
2	M T W T F (V)	\$130 / Month before May
3	M T W T F (V)	\$185 / Month before May
4	M T W T F (V)	\$215 / Month before May
5	M T W T F (V)	\$275 / Month before May

FOR OFFICE USE ONLY:

Method of Payment: Visa/Mastercard/Discover Check # _____ Cash
 Date of payment: _____



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

Date _____

School Year _____ - _____

Entering Class _____

STUDENT INFORMATION:

Student Name _____ M _____ F _____
Last First Middle

Date of Birth _____ Age _____ Home Phone _____

Street Address _____

Mailing Address (if different than above) _____

City _____ State _____ Zip _____

FAMILY INFORMATION:

Father's/Guardian's Name _____
Last First M.I.

Street Address _____

Mailing Address (if different than above) _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-Mail Address _____

Employer/Occupation _____ Work Phone _____

Marital Status: Married Separated Divorced Widowed

Mother's/Guardian's Name _____
Last First M.I.

Street Address _____

Mailing Address (if different than above) _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

E-Mail Address _____

Employer/Occupation _____ Work Phone _____

Marital Status: Married Separated Divorced Widowed

GENERAL INFORMATION:

Preschool Last Attended (if applicable): _____

Has the student had a disciplinary/behavioral problem? Yes No

If yes, please explain: _____

Local Church Affiliation _____ Phone _____

Church Address _____

Pastor's Name _____

As parents, do you attend regularly? Yes No

Does the student attend regularly? Yes No

How did you hear about Christian Academy of Prescott Preschool?

Radio Website Newspaper/Advertising

Friend/Family Name(s): _____

Christian Academy of Prescott Preschool

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 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 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 agree my child is **fully** potty trained and 2 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 understand that my preschool child must be at least 2 1/2 years old by August 1st to be admitted, and my kindergarten child must have his/her fifth birthday prior to September 1st, in order to be considered for enrollment.

_____ 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 Preschool

MEDIA RELEASE

Student's Name: _____ Grade: _____ School Year: _____

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 current 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 your selection)
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:

_____ Class Projects
and Presentations

_____ School Yearbook

_____ School Newspapers

_____ School Facebook Page

_____ School Website

_____ Media Coverage (TV/Newspaper)

Parent /Guardian Printed Name

Parent /Guardian Signature

Date

Christian Academy of Prescott Preschool

LOCKDOWN PROCEDURES

Dear CAP and CAPP Parents,

Christian Academy of Prescott has developed procedures over the past 30+ years to ensure that your child's safety comes first. In the event of a crisis, you will be kept informed as to the nature of the crisis and what is being done in response to the crisis. The following is to inform you of what to expect when Christian Academy is in lockdown:

- If you come early to pick up your child, all outer doors will be locked, including the main entrance.
- You will have to call the CAP office at **(928) 445-2565** in order for your child to be dismissed from class and brought down to the CAP office.
- One of the CAP office staff will retrieve your child(ren) from their classroom and bring them to you.
- Police involvement will be at the discretion of the Administrator.
- **YOU MUST STAY OUTSIDE. ONLY AUTHORIZED PERSONNEL ARE ALLOWED TO BE IN THE HALLS.**
- If a memo has been written to be sent home with the students, you will receive one as you sign your child(ren) out. Everything you need to know regarding the crisis will be in the memo.
- **The CAP office staff is not allowed to respond to any questions regarding the crisis unless prior authorization to answer parents' questions has been given by the Administrator.**
- If you want more information regarding the crisis, call the CAP office the next school day and talk to either the Administrator or the Media Relations Coordinator.
- If you arrive to pick up your child(ren) before a memo regarding the crisis has been written, the memo will be sent home with your child the next school day.

During a lockdown, every precaution is taken to keep your child(ren) safe. Your child's safety is our priority. Christian Academy of Prescott does not advise taking your child(ren) out of the building while there is a lockdown in progress; to do so puts you, your child(ren) and CAP's staff at risk.

Parent 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:
------------------------------	--------------	----------------------------------

*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:
-------------------------------	--------------	-------



Christian Academy of Prescott Preschool
148 S. Marina St. Prescott, AZ 86303

SUNSCREEN PERMISSION

I give my permission for Christian Academy of Prescott Preschool to apply
sunscreen to _____ (child's name) as
needed. We will be using Coppertone Sunscreen Spray for Kids (SPF 50).

If you would like something different you will need to supply it.

Parent / Guardian Signature _____

Date _____