

Phoenix Christian School PreK-8

Teaching Truth. Educating Futures.

Dear Parents:

As you have sought out and prayed for the best educational choice for your child, it is our hope that you will choose Phoenix Christian School PreK-8. God has blessed us for 60 years with Christian families committed to academic excellence and the biblical fulfillment of raising children up to know, love and serve Him.

We maintain membership with Christian Schools International (CSI) and Association of Christian Schools International (ACSI). Each organization affords many privileges and support services to students and faculty members.

Enrollment for new families begins **April 1st**. Applications may be turned in sooner to start the process of testing and interviewing. The process begins once the enclosed forms are completed and returned to the school, along with the new family application fee. We will then contact you to set up a placement test and a brief 30-minute interview with you. We always look forward to this interview time that helps each of us to know one another better.

If you have any questions, please call the office so we may assist you.

Warmly in Christ,

Ryan K Groen
Principal

Checklist for Enrollment:

- _____ Application for Admission
- _____ Student Information
- _____ Pastor's Recommendation
- _____ Transcript Release
- _____ Birth Certificate (Copy)
- _____ W.E.L.L. Volunteer Form
- _____ Field Trip Permission and Photography Permission
- _____ Internet Contract (5th – 8th grade only)
- _____ Private School Affidavit of Intent (Must be notarized)
- _____ Application, enrollment and testing fees (See Application)
- _____ Blue Emergency Information and Immunization Record Card (state requirement/ pick up in school office)
- _____ Application for ACSTO (Arizona Christian Scholarship Tuition Organization) www.acsto.org

Phoenix Christian School PreK-8

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Application For New Student Enrollment 2019-2020 School Year

Please print all information in ink

Student Name: _____
Last First Middle Preferred Name

Address: _____
Street City State Zip

Date of Birth: _____ M F Grade Level: _____ Pre-school student: MWF M - F
(circle one) half or full half or full

Current School: _____
Name Street City/State/Zip Grade

#2 Student Name: _____
Last First Middle Preferred Name

Date of Birth: _____ M F Grade Level: _____ Pre-school student: MWF M - F
(circle one) half or full half or full

#3 Student Name: _____
Last First Middle Preferred Name

Date of Birth: _____ M F Grade Level: _____ Pre-school student: MWF M - F
(circle one) half or full half or full

Family Information

Father Step-Father Guardian (circle one)

Correspondence: Yes No

Full Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Other Phone: _____

E-mail: _____

Occupation/Title: _____

Business Name: _____

Mother Step-Mother Guardian (circle one)

Correspondence: Yes No

Full Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Other Phone: _____

E-mail: _____

Occupation/Title: _____

Business Name: _____

Marital Status: Married Single Divorced Separated Father Remarried Mother Remarried
(check all that apply)

If parents are divorced, describe living arrangement of student(s), and who has legal custody: _____

How do the parents want to be listed in the student directory? _____

Church Information

Name of Church: _____ Attending how long? _____

Address: _____
Street City Zip Phone

Pastor: _____ Children's/Youth Pastor: _____

Your family attends Church and Sunday School: Weekly Monthly Other _____

Ministry involvement: _____

2019-2020 Tuition Rates *

8:45 – 11:45	\$254 per month	\$338 per month
8:45 – 3:30	\$422 per month	\$591 per month

GRADE	Annual (3% discount if paid in full)	Monthly (10 payment)
Kindergarten	\$6,994	\$699.40
Grades 1 – 4	\$7,471	\$747.10
Grades 5 – 8	\$7,953	\$795.30

** Tuition rates were approved by the School Board at the January meeting and will be presented to the School Society for final approval on March 25, 2019.*

Multiple Child Discounts: 2 students – **10% off total tuition**
3 students – **18% off total tuition** - 4th student - **Free**
5th student - **Free**

Transportation: \$105/first student \$90/per additional student

Before & After School: 7 – 8:00 am / **\$5.00** per day
3:30 – 4:30 pm / **\$5.00** per day 3:30 – 6:00 pm / **\$10.00** per day

Other Fees:

Preschool Enrollment Fee: \$85 (per student) due with Application for Enrollment form.

Returning Student Registration Fee: due with submission of registration forms.

Returning Student Fee Schedule

February / March: \$100 per student

April / May: \$150 per student

June or later: \$200 per student

New Family Application Fee: \$100 (per family) due with Application for Enrollment form.

New Student Registration Fee: \$150 (per student) due once student is/are accepted for admission.

New Student Testing Fee: \$25.00 (per student) All incoming students (K-8) are required to be tested.

Financial Commitment/Tuition Policy Form

1. I/we agree to pay tuition according to the following method:

PLEASE CHECK THE APPROPRIATE BOX BELOW:

- Annual tuition to be paid before July 1st (3% discount if paid in full)
- Monthly payments spread out equally over 10 months to be paid beginning August 1 and ending May 1st.
- Monthly payments spread out equally over 12 months to be paid **beginning June 1st** and ending May 1st. ***This payment plan is not available after July 1st***

PLEASE INITIAL NEXT TO THE BELOW STATEMENTS 2-6:

- 2. _____ I/we understand that payments are due on the 1st of the month and a \$20 late fee may be applied to accounts when payment is received after the 10th of the month. There will be a \$35 minimum charge for any check returned to the school by the bank.
- 3. _____ I/we understand that if a tuition account becomes more than 60 days late, the student may not be allowed to attend class until the account is brought current.
- 4. _____ I/we understand that if a tuition account becomes more than 60 days late, the student's parent(s) will be required to meet with the finance committee and agree to a written plan to bring the tuition account current.
- 5. _____ I/we understand that if a tuition account becomes more than 60 days late, the payments for the tuition account for the rest of the school year will be set up on an automatic payment draft to be taken from the account holder's checking or credit card account on the 1st of the month.
- 6. _____ I/we understand that future ACSTO or other tuition scholarships cannot be used or counted on for current tuition payments.

This document is understood to be legally binding, and I/we have read and agree to comply with the above commitment and policy.

Date _____ Student(s) - print name(s) _____

Financially Responsible Party

Printed _____ Signature _____

Printed _____ Signature _____

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Medication Consent Form

Student Name: _____ Grade: _____ Date of Birth: _____

I, _____, give permission to the school to administer
(parent/guardian)

Please initial after each dosage or medication to be administered

Acetaminophen 160 mg _____ 325 mg _____

Dispensed for general use for mild pain or fever (102 degrees or above when parent cannot be reached). It may also be dispensed for functional menstrual pain and relief of minor headache. Dosage is as directed on bottle according to age and weight of child.

Exceptions:

First Aid Cream (minor cuts / scrapes) _____
Anti-Itch Cream (minor rash / insect bite) _____

Exceptions:

Prescription Medication **(To be filled out only if student is on routine medication)**

_____ of _____ RX# _____
(dose) (name of medication)

at _____ for _____
(time / frequency) (reason for medication)

POSSIBLE SIDE EFFECTS TO WATCH FOR WITH THIS MEDICATION:

Important Note: Prescription medications must be in the original container with a prescription label, child's name, dosage, name of drug, frequency of administration and must be consistent with this authorization. Any over the counter medications provided specifically for a child must be current. If the school needs to administer prescription medication at any time during the year, the parent / guardian must bring the medication to the school office.

We will not administer medications of any kind without the consent form completely filled out and signed.

Parent or Guardian Printed Name

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

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

Parent 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: (Pursuant to R9-5-304.B, at least two contact persons are required.)

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.

In case of injury or sudden illness, I request that this individual be called first:	
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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 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 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 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 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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Field Trip and Photography Permission Form

Phoenix Christian School PreK-8

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Field Trip Permission

I give permission for my child(ren),

Name

Grade

Name

Grade

Name

Grade

Name

Grade

to attend and participate in class/school field trips sponsored by Phoenix Christian School PreK-8 throughout the 2019 - 2020 school year.

Parent/Guardian Signature

Date

Photography Permission

Phoenix Christian School PreK-8 has permission to use photos and images of my child as they relate to the school. I understand this use will include but is not limited to marketing materials, newsletters, yearbooks, school portraits, our website and social media platforms. Publications distributed to our own constituency may include first and last name of the student. All other publications will include only the first name or no name of the student.

Parent/Guardian Signature

Date

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Computer and Internet Acceptable Use Policy

We have taken precautions with our Internet filtering system to guard against access to inappropriate material. In an effort to maintain the high standards and disciplined behavior of Phoenix Christian School PreK-8 students, we expect our students to abide by the following guidelines.

Responsibilities for Computer/Internet Use:

- Students may use any of the computers in the lab or classroom with permission from their teacher. The use of computers will be supervised by an adult.
- Internet use is restricted to research or the fulfillment of classroom assignments. Students should not access any sites with questionable content.
- Students shall not tamper with, load new programs onto, or delete files (other than their own) from any computer on the Phoenix Christian School PreK-8 campus.
- Food or drink is not allowed in the computer lab and around classroom computers or chromebooks.
- Students are responsible for not sharing passwords or allowing non-authorized students to use their computers.
- Students must use good judgment in determining whether or not a web site being accessed reflects the mission of Phoenix Christian School PreK-8 and the Christian values being taught.
- Students have the responsibility to report inappropriate material discovered or received via the Internet.
- Under no circumstances will students access chat rooms or game rooms.

Disciplinary Action:

Disciplinary action for violations of network standards will be applied as deemed appropriate from the following options:

- In instances of damage to hardware or software due to negligence, misinformation, or maliciousness, the student will make full financial restitution.
- Willful misuse of computers will lead to loss of computer privileges.
- Students involved in inappropriate or obscene information will lose user privileges and will be subject to disciplinary action.

Parent/Guardian Signature

Yes. I/We understand the general rules and regulations above. I/We agree to abide by the policies stated above and understand the consequences of not following these policies. I/We understand that my child is expected to abide by the policies as outlined.

No. I/We do not want my child using the Internet at school.

Parent/Guardian Signature (all grade levels)

Date

Student Signature

Student Signature (Students in 5th – 8th grade only)

Date

By signing this contract, I have read and understand the general rules and regulations stated above. I agree to abide by the guidelines and consequences of these policies.

Transcript Release

Phoenix Christian School PreK-8

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Present School Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Admissions:

_____ has applied for admission to grade _____

for the academic year _____ at Phoenix Christian School PreK-8. Permission is hereby granted for a complete transcript including the most recent report card, health records, Standardized scores, and other pertinent records to be sent to Phoenix Christian School PreK-8 at the address below.

Admissions
Phoenix Christian School PreK-8
2425 North 26th Street
Phoenix, AZ 85008
FAX 602-956-4207

Dates of attendance _____ to _____

Thank you for your cooperation and prompt assistance.

Signature of Parent or Guardian

Date

This request is in accordance with the provisions of the Family Educational Rights and Privacy Act of 1974.

Phoenix Christian School PreK-8

New Student Information

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Student Name: _____

Parents of K-8 students: To effectively teach the whole child, we ask that you please provide us with insights in the following areas. Please complete for each child:

Academic performance (past/present):

- Child meets classroom expectations
- Child exceeds classroom
- Child may need extra help from the teacher

Academic strengths/challenges:

- Reading:* Good reader Average reader Struggles in reading
 Likes to read Does not like to read
- Math:* Excels Above average On grade level Below grade level
 Understands new concepts Takes time to learn new concepts
 May struggle to learn new concepts

Activities in which child has participated in both inside and outside of school:

How does the child relate to other students?

- Friendly, outgoing Takes time to make friends
- Shy Likes to play by self

Does the child have strong family connections?

- Close relationships with immediate and extended family
- Close relationships with siblings
- Has little contact with extended family members

Please describe any special circumstances or situations that may have affected your child's education either positively or negatively:

What are your goals and expectations for your child's education?

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Pastor's Recommendation

Dear Pastor:

The philosophy of Phoenix Christian School PreK-8 from its founding in 1959 is to provide Christian parents with a Christ-centered educational environment for their children, so the home, church and school are working together, one mutually supporting the other. This family has made application to PCS PreK-8; we appreciate the prayerful thought that you or your staff will put into filling out this recommendation. May God bless your ministry for His glory.

FAMILY: *Please print in ink and send to your Pastor, Youth Leader, or Sunday School teacher*

Family Name: _____

Children Applying to PCS PreK-8:

_____	_____	_____	_____
Name	Grade	Name	Grade
_____	_____	_____	_____
Name	Grade	Name	Grade

CHURCH: *Please print in ink and mail or FAX to PCS PreK-8.*

Is the above family an actively involved member of your church? Explain: _____

How are the children involved? Explain: _____

Please describe your experience with this family's commitment to biblical instruction and a life that brings honor to God: _____

How long have you known this family? _____

Do you recommend this family for admission to Phoenix Christian School PreK-8? Yes _____ No _____

If no, please explain: _____

Pastor's Name: _____ Date: _____

Name, Position and Signature of individual providing recommendation: _____

Name of Church: _____

Address: _____ Phone: _____

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W.E.L.L.

Working Equally Lightens the Load

The W.E.L.L. being of PCS PreK-8 is closely related to the lives invested in it. We know God has gifted each of us so we can serve others. We have some unbelievably faithful servants at PCS PreK-8 who go above and beyond the call of duty by offering a wide variety of gifts that help us keep down expenses. The need is too great for just a few...we don't want service to become a burden; we need to lighten the load.

One great illustration of this principle is found in Exodus 18. The story speaks of the overwhelming burden Moses had once Israel emerged from slavery. Jethro, Moses' father-in-law, saw that the pace and pressure was too much for Moses. Moses was at his limit; alone he couldn't effectively handle the load, and as a result, the patience of the people was being taxed. Jethro advised him to delegate the workload. Moses applied this wisdom, chose able men, put them to work, and was then able to endure the strain and do things in a more timely manner. (Exodus 18:14-25)

Using this same principle, we are asking all of our families to participate in W.E.L.L. Each family's contribution will be 20 hours for the school year; 10 hours if you are a single parent without support or a grandparent/guardian...not much over the course of a school year!

Please check the areas you, your spouse or family would like to volunteer to help with from the options provided by the Wildcat PAC at the beginning of the school year. If you can offer something, call the office and let us know. And if you have extenuating circumstances that prevent you from serving in these areas, call us, we'll work on a solution together. Otherwise, the committee chairperson will be in contact with you.

As we strive together for the common good, let us remember that it is our Lord that we serve...with gladness!

Thank you,
PCS PreK-8
Volunteer Coordinator

RETURN THIS FORM WITH ALL OTHER ENROLLMENT MATERIALS

We the _____ family, commit to 20 hours of volunteer service for the 19-20 school year.

Signature

I the _____ family, commit to 10 hours of volunteer service for the 19-20 school year.

Signature

You may choose to donate \$400 in lieu of doing 20 hours of volunteer service.

Payment Options:

\$400 by August 1 or

Two equal payments of \$200 (August 1 and February 1)