

Returning Student Enrollment  
2019-2020 School Year

Phoenix Christian School PreK-8

Teaching Truth. Educating Futures.

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

#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

#4 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 \***

Preschool	Monday, Wednesday, Friday	Monday - Friday
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.

# Phoenix Christian School PreK-8

Teaching Truth. Educating Futures.

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

### PLEASE INITIAL NEXT TO THE BELOW STATEMENTS 2-6:

2. \_\_\_\_\_ I/we understand that payments are due on the 1<sup>st</sup> of the month and a \$20 late fee may be applied to accounts when payment is received after the 10<sup>th</sup> 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 1<sup>st</sup> 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 \_\_\_\_\_

# Phoenix Christian School PreK-8

*Teaching Truth. Educating Futures.*

## 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**

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

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

<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.

<b>In case of injury or sudden illness, I request that this individual be called first:</b>	
---	--

The following individual(s) may NOT remove my child from the facility:

<b>Name(s):</b>
-----------------

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:

# Field Trip and Photography Permission Form

## Phoenix Christian School PreK-8

*Teaching Truth. Educating Futures.*

### 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

# Phoenix Christian School PreK-8

---

*Teaching Truth. Educating Futures.*

## 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 5<sup>th</sup> – 8<sup>th</sup> 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.



# Phoenix Christian School PreK-8

*Teaching Truth. Educating Futures.*

## 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)

# Pastor's Recommendation

## Phoenix Christian School PreK-8

*Teaching Truth. Educating Futures.*

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, each one mutually supporting the others. This family is making re-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
_____	_____	_____	_____
_____	_____	_____	_____

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

- 1) Is the above family active in your church? Yes \_\_\_\_\_ No \_\_\_\_\_
- 2) Are the children active in the youth programs of the church? Yes \_\_\_\_\_ No \_\_\_\_\_
- 3) How long have you known this family? \_\_\_\_\_
- 4) Do you recommend this family for re-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: \_\_\_\_\_