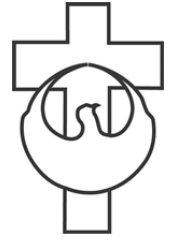


Phoenix Christian School PreK-8



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 54 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.

Open enrollment begins April 1st. 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 a brief 30 minute interview with you. We always look forward to this informal time that helps each of us to know one another better. A designated testing date will be given to you at the interview.

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

Sue Vander Ploeg
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

Application For
New Student Enrollment
2018-2019 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
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
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
half or full half or full

Family Information

Father Step-Father Guardian (select one)
Correspondence: Y N
Full Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____
Cell Phone: _____
E-mail: _____
Occupation/Title: _____
Business Name: _____
Business Phone: _____

Mother Step-Mother Guardian (select one)
Correspondence: Y N
Full Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____
Cell Phone: _____
E-mail: _____
Occupation/Title: _____
Business Name: _____
Business Phone: _____

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

Senior Pastor: _____ Children's/Youth Pastor: _____

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

Ministry involvement: _____

Preschool	Monday, Wednesday, Friday	Monday - Friday
8:45 – 11:45	\$240 per month	\$319 per month
8:45 – 3:30	\$398 per month	\$558 per month

GRADE	Annual (3% discount if paid in full)	Monthly (10 payment)
Kindergarten	\$6,598	\$659.80
Grades 1 – 4	\$7,048	\$704.80
Grades 5 – 8	\$7,503	\$750.30

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

Transportation: \$100/first student \$85/per additional student

Before & After School: 7 – 8:15 am / **\$4.00** per day || 3:30 – 4:30 pm / **\$4.00** per day || 3:30 – 6:00 pm / **\$8.00** per day

Other Fees:

Preschool Enrollment Fee: \$85 (per student) due with Application for Enrollment form. There is no refund of this fee.

Returning Student Registration Fee: \$150 (per student) due with submittal of Application for Enrollment form.

New Family Application Fee: \$100 (per family) due with Application for Enrollment form. There is no refund of application fee once student is/are accepted.

New Student Registration Fee: \$150 (per student) due once student is/are accepted for admission. There is no refund of this fee.

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



Phoenix Christian School Pre K-8 Financial Commitment/Tuition Policy Form

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

- Annual tuition to be paid before June 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.

PLEASE CHECK THE APPROPRIATE BOX ABOVE

- 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 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.

PLEASE INITIAL NEXT TO THE ABOVE STATEMENTS 2-6

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(s)

Print _____ Sign  _____

Print _____ Sign  _____



Medication Consent Form

This form is required to be completed and signed for each student

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 Aide 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

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:
(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:
------------------------------	--------------	----------------------------------

*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:	
---	--

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:
-------------------------------	--------------	-------



Field Trip and Photography Permission Form

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 2018/2019 school year.

**SIGN
HERE!**

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.

**SIGN
HERE!**

Parent/Guardian Signature

Date



Computer and Internet Contract
Grades 5-8

This form is required for each student in 5th-8th grades

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

Date

Student Signature (Must be signed by each student)



Student Signature

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

Teaching Truth. Educating Futures.



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.



New Student Information

This form is required to be completed and signed for each student

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 expectations
- 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?



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 this 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!

A list can be found by clicking here: [Well Opportunities](#) Form. Please check the areas you, your spouse or family would like to volunteer to help with. If you can offer something not listed, 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,

Volunteer Coordinator

We the _____ family, commit to 20 hours of volunteer service for the 18-19 school year.

Signature  _____

I the _____ family, commit to 10 hours of volunteer service for the 18-19 school year.

Signature  _____

Please describe the areas where you, your spouse or family would like to volunteer:

**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)