



PHOENIX CHRISTIAN

SCHOOL PRE K – 8

Returning Student Enrollment – 2020-2021 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: _____ * Preschool student: MWF ☐ M – F ☐
half ☐ full ☐ half ☐ full ☐

#2 Student Name: _____

Last

First

Middle

Preferred Name

Date of Birth: _____ M F Grade Level: _____ * Preschool student: MWF ☐ M – F ☐
half ☐ full ☐ half ☐ full ☐

#3 Student Name: _____

Last

First

Middle

Preferred Name

Date of Birth: _____ M F Grade Level: _____ * Preschool student: MWF ☐ M – F ☐
half ☐ full ☐ half ☐ full ☐

#4 Student Name: _____

Last

First

Middle

Preferred Name

Date of Birth: _____ M F Grade Level: _____

#5 Student Name: _____

Last

First

Middle

Preferred Name

Date of Birth: _____ M F Grade Level: _____

Family Information

Father ☐ Step-Father ☐ Guardian ☐

Mother ☐ Step-Mother ☐ Guardian ☐

Correspondence: Yes ☐ No ☐

Correspondence: Yes ☐ No ☐

Full Name: _____

Full Name: _____

Home Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Cell Phone: _____

Other Phone: _____

Other Phone: _____

E-mail: _____

E-mail: _____

Occupation/Title: _____

Occupation/Title: _____

Business Name: _____

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:

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: _____

2020-2021 Tuition Rates *

Preschool	Monday, Wednesday, Friday	Monday - Friday
8:45 – 11:45	\$270 per month	\$358 per month
8:45 – 3:30	\$447 per month	\$627 per month

GRADE	Annual (3% discount if paid in full)	Monthly (10 payment)
Kindergarten	\$7,414	\$741.40
Grades 1 – 4	\$7,919	\$791.90
Grades 5 – 8	\$8,430	\$843.00

** 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 30, 2020.*

Multiple Child Discounts: 2 students – **10% off total tuition**
3 students – **18% off total tuition** - 4+ students – **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 accepted for admission

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



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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.

Financially Responsible Party - by entering your name here you acknowledge you have read and agree to above policy.

Printed/Signature

Date



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Medication Consent Form

Student Name _____

Date of Birth _____

Date _____

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 parents cannot be reached). It may also be dispensed for functional menstrual pain and relief of minor headache. Dosage is as directed on the bottle according to age and weight of the child.

Exceptions:

- TUMS 750mg (1 tab) ☐

Dispensed for complaints of heartburn, sour stomach, acid indigestion, and/or upset stomach. Dosage is as directed on the bottle according to the age of the child.

Exceptions

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

Exceptions:

Parent/Guardian Signature _____

Date _____

Prescription Medication Consent Form
(one form for EACH medication is required)

Name of Student _____ Grade _____

Physician Name _____ Phone # _____

Medication _____ Rx # _____

Dose _____ Route _____

Frequency _____

Dates to be given _____ to _____

Precautions/Side Effects _____

Inhalers and EPI PENS

- **Asthma Inhaler**: This student is capable of self-administration and may carry inhaler and self-administer at school YES NO

- **EPI-PEN**: EPI-PENS will be administered by school personnel. Please provide in original packaging with STUDENT NAME on the pen.

Parent/Guardian 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

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	
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:	
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:	
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:	
Additional comments:	
Other special instructions:	

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

Field Trip Permission

I give permission for my child(ren),

_____	_____
Name	Grade
_____	_____
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 school year following the date signed. **(by entering your name here you acknowledge you have read and agree to above policy)**

_____	_____
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. **(by entering your name here you acknowledge you have read and agree to above policy)**

_____	_____
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/our 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 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. **(by entering your name here you acknowledge you have read and agree to above policy)**



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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 (Parents in Action Committee) 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 - *by entering your name here you acknowledge you have read and agree to above policy.*

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

Parent/Guardian Signature

Date

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

Parent/Guardian Signature

Date

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)



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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, 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
_____	_____	_____	_____
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: _____

Phoenix Christian School PreK-8 2020-2021 Calendar

 = 1/2 day
 = no school

August 2020						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Aug. 10, 11, 12 Teacher Orientation
11 Meet the Teacher Night, 6:30pm
13 First Day of School
26 Convocation, 8:50am

September 2020						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Sept. 7 Labor Day (no school)
18 Progress Reports sent home
25 Teacher In-Service/1:00 pm dismissal

October 2020						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Oct. 5-9 Fall Break (no school)
16 1st Quarter ends
20 Report Cards go home
21 Parent Teacher Conferences, 4-6pm
22 Parent Teacher Conferences, 1:30-6:30 pm/
1:00 pm dismissal
23 Teacher Work Day (no school)

November 2020						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Nov. 14 Fall Festival
25-27 Thanksgiving Break (no school)

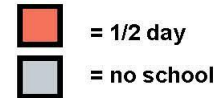
December 2020						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

Dec. 11 Christmas Concert, 7:00pm/ 1:00 pm dismissal
18 Last Day/ 11:30 am dismissal
21-Jan 1 Christmas Break (no school)

-over-

Updated 02/06/2020

Phoenix Christian School PreK-8 2020-2021 Calendar



January 2021						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Jan. 1 Christmas Break (no school)

- 4 Classes resume
- 15 2nd Quarter/1st Semester ends
- 15 ACSI Spelling Bee/ **11:30 am dismissal**
- 18 **Martin Luther King Day (no school)**
- 20 Report Cards go home

February 2021						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

Feb. 6 Bean Bag Tournament

- 8-12 Christian Ed. Week
- 10 Grandparents'/Pastors' Day
- 11 Fine Arts Night
- 12 Teacher In-Service/ **1:00 pm dismissal**
- 15 **Presidents' Day (no school)**

March 2021						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Mar. 5 Jog-a-Thon

- 8-12 **Spring Break (no school)**
- 19 3rd Quarter ends
- 24 Report Cards go home
- 26 Track Day
- 29 Annual Society Meeting, 7:00 pm

April 2021						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Apr. 2 Good Friday (no school)

- 5 **Easter Monday (no school)**
- 10 Golf Tournament
- 23 Spring Concert, 7:00pm/ **1:00 pm dismissal**

May 2021						
Su	Mo	Tu	We	Th	Fr	Sa
					1	
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

May 14-15 Jr. High Play

- 21 Kindergarten Graduation / **K dismissal @ 11:30 am**
- 26 Last day of school/ **11:30 am dismissal**
- Report Cards go home
- 26 8th Grade Graduation
- 27, 28 Teacher Work Days

Updated 02/06/2020