



PHOENIX CHRISTIAN

SCHOOL PRE K - 8

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 since 1959 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 provides professional development opportunities to faculty and staff members.

The application process begins once the enclosed forms are completed and returned to the school, along with the new family application fee and testing fee(s). We will then contact you to set up a placement test, followed by a 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
- Computer/Internet Acceptable Use (Student Signature 5th – 8th Grade Only)
- Private School Affidavit of Intent (must be notarized)
- Application and Testing Fees (See Application)
- ADHS Emergency Information
- Immunization Record Card
- Application for ACSTO (Arizona Christian Scholarship Tuition Organization) www.acsto.org



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Application & Registration Information for New Student Enrollment

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-K student: MWF M - F
half full half 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-K student: MWF M - F
half full half full

#3 Student Name: _____
Last First Middle Preferred Name

Date of Birth: _____ M F Grade Level: _____ Pre-K student: MWF M - F
half full half full

Family Information

Father Step-Father Guardian

Correspondence: Yes No

Full Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Other Phone: _____

E-mail: _____

Occupation/Title: _____

Business Name: _____

Mother Step-Mother Guardian

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: _____

2021-2022 Tuition Rates *

Pre-K	Monday, Wednesday, Friday	Monday - Friday
8:45 – 11:45	\$286 per month	\$380 per month
8:45 – 3:30	\$474 per month	\$665 per month

Preschool Enrollment Fee: \$85 (per student) due with application for enrollment form**"Lunch Bunch" option for half day Pre-K (11:45-1:00):** \$5 per day per student (not eligible for multiple student discount)

GRADE	Annual (3% discount if paid in advance)	Monthly (10 payment)
Kindergarten	\$7,710	\$771.00
Grades 1 – 4	\$8,236	\$823.60
Grades 5 – 8	\$8,768	\$876.80

*** Tuition rates are typically approved by the School Board at the January meeting and are presented to the School Society for final approval the last Monday in March.****Multiple Child Discounts (PreK-8):**

- 2 students – 10% off total tuition
- 3 students – 18% off total tuition
- 4+ students - FREE

Fees Due with Application:

- New Family Application Fee: \$100 (per K-8 family) due with application for enrollment form
- New Student Testing Fee: \$25 (per K-8 student) all incoming students (K-8) are required to be tested

Fee(s) Due with Admission:

- New Student Registration Fee: \$150 (per K-8 student) due once student is accepted for admission

Returning Student Re-Enrollment fees (due with submission of registration forms):

- February / March: \$100 per student
- April / May: \$150 per student
- June or later: \$200 per student

Miscellaneous Fees:

- Transportation:
 - First Student: \$105 per month
 - Additional Student(s): \$90 per month each
- 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



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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 advance)
- 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.

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

to attend and participate in class/school field trips sponsored by Phoenix Christian School PreK-8 throughout the school year following the date of signature. **(by entering your name here you acknowledge you have read and agree to above policy)**

_____	_____
Parent/Guardian	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	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 or 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 website 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.

by entering your name here, you acknowledge you have read and agree to above policy.

Parent/Guardian (all grade levels)

Date

Student Signature

Student (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.



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Transcript Release

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.

Parent/Guardian Signature

Date

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



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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
_____	_____	_____	_____
_____	_____	_____	_____

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 Hours (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 school year.

Parent/Guardian

Date

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

Parent/Guardian

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)

PRIVATE SCHOOL AFFIDAVIT OF INTENT
Steve Watson – Maricopa County School Superintendent

STUDENT NAME: _____ (LAST, FIRST, MIDDLE) _____ DATE OF BIRTH: _____

School District of Residence: _____ Previous School Attended: _____

PARENT/GUARDIAN INFORMATION:

NAME: _____ TELEPHONE NUMBER: _____

HOME ADDRESS: _____ CITY/STATE: _____ ZIP: _____

PRIVATE SCHOOL INFORMATION:

PRIVATE SCHOOL NAME: _____

ADDRESS OF SCHOOL: _____ CITY: _____ ZIP: _____

ARIZONA STATE PRIVATE SCHOOL LAWS FOR REGISTRATION AS PRESCRIBED BY THE ARIZONA REVISED STATUTES:

15-902 A: Every child between the ages of six and sixteen years shall attend a school and shall be provided instruction in at least the subjects of reading, grammar, mathematics, social studies and science. The person who has custody of the child shall choose a public, private or charter school or a homeschool as defined in this section to provide instruction.

2. If the child will attend a private school or homeschool, file an affidavit of intent with the county school superintendent stating that the child is attending a regularly organized private school or is being provided with instruction in a homeschool. The affidavit of intent shall include:

- (a) The child's name.
- (b) The child's date of birth.
- (c) The current address of the school the child is attending.
- (d) The names, telephone numbers and addresses of the persons who currently have custody of the child.

AUTHORIZATION:

PARENT/GUARDIAN SIGNATURE: _____

Subscribed and sworn (or affirmed) before me this: _____ STATE OF: _____

_____ day of _____, 20____, COUNTY OF: _____

NOTARY SIGNATURE: _____

Submit this form either by mail or in person to the Private School Services Division at the address listed on the bottom of this page.

4041 N. Central Avenue, Ste. 1200, Phoenix AZ 85012 • Phone 602-506-3866 • Fax 602-506-3753
Private School Hotline 602-506-3144
Mcesas.info
Known as experts. Renowned for service.

NOTARY SEAL



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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 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

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

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.

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.

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</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:
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