



For Office Use Only

Date Rec'd _____
Fee Paid _____
Ck#/Cash/CC _____
Multi Family _____

Phoenix Christian Preparatory School

College Prep • Pre-Kindergarten - 12th Grade • International

Preschool Application for 2018-2019

Complete ALL information and include registration fee with your application. (Please print or type)

STUDENT INFORMATION

Student's Legal Name _____
Last First Middle Name

Name Used by Student _____
Last First Middle Name
()

Street Number City State ZIP Phone

Male Female Age _____ Applying for Grade _____ For Term Beginning
Date of Birth _____ Birthplace _____ Social Security No.
Ethnic Origin: Caucasian African American Hispanic Asian Indian Other

PARENT (GUARDIAN) INFORMATION

Father / Step Father / Guardian Name

(Circle One) Last First Middle Initial
()

Street Number City State ZIP Cell Phone

Employer _____ Work Phone (_____)

Occupation _____ Email Address

Employer Address _____

Mother / Step Mother / Guardian Name

(Circle One) Last First Middle Initial
()

Street Number City State ZIP Cell Phone

Employer _____ Work Phone (_____)

Occupation _____ Email Address

Employer Address _____

FAMILY INFORMATION

Child lives with: Mother & Father Mother Father Mother & Step-Father Father & Step-Mother
 One Parent Deceased Other Relationship _____

If parents are divorced or separated, where does student primarily reside?

Who has legal custody? _____

Name / age / school of other children in family:

1. _____
Name Age School

2. _____
Name Age School

3. _____
Name Age School

CHURCH INFORMATION

Church Name _____ Denomination _____

Church Phone (_____) _____ Pastor's Name _____

Church Address/City/ZIP _____

Members Attend Regularly Attend Occasionally

EMERGENCY INFORMATION

First parent/guardian to contact in case of emergency:

Daytime Phone _____ Cell Phone (_____)

List two people who will assume temporary care of your student if you cannot be reached:

Name 1 _____ Daytime Phone (_____)

Name 2 _____ Daytime Phone (_____)

List individual(s) who should **not** pick up and/or have contact with your student:

Name 1 _____ Relationship _____

Name 2 _____ Relationship _____

Name 3 _____ Relationship _____

Please check one of the following: (School policy requires that students be covered by a school accident insurance policy or your family health insurance.) I will purchase school insurance

Name _____ of _____ family insurance company

Physician's Name _____ Phone (_____)

Known Allergies _____

Daily Medications (please list those taken at home and school) _____

Other pertinent medical data _____

GENERAL INFORMATION

We desire preschool: _____ Full Days Per Week OR _____ Mornings Only Per Week

Days Chosen (please check): Monday Tuesday Wednesday Thursday Friday

Approximate morning arrival time: _____ Approximate departure time: _____

Since emphasis is placed on the preschool as an educational institution rather than a day care facility, frequently misconceptions regarding preschool procedures arise. The following statement is an attempt to prevent misunderstandings:

Preschool observes vacation schedules as indicated in the handbook. If a child is officially withdrawn during the year and wishes to re-enroll, the registration fee must be paid again. Parents are billed according to the fee schedule even if the child is absent due to illness, staying with a relative or friend, on a family trip, etc. Children who stay beyond their scheduled attendance periods will be charged an additional fee. Preschool tuition and other fees are due in advance.

I choose to pay in advance (check one): Monthly Every 2 Weeks Weekly

PARENT (GUARDIAN) STATEMENT

I understand and agree that Phoenix Christian Unified Schools are private evangelical Christian schools where enrollment is a privilege and not a right. I certify by signature below that I understand the general rules and regulations that are published in the "Parent/Student Handbook". In our role as parents and/or guardians, we promise to enforce these rules. I understand and agree that violations of any Phoenix Christian rules and regulations will be dealt with by the school Administration and may result in expulsion from Phoenix Christian. In addition, I agree to accept full responsibility for all obligations that may result from injury incurred by student as a result of participation in any school-sponsored activity. If I cannot be contacted in an emergency, call the physician listed above and follow his/her instructions. If the school cannot contact anyone listed above, the school is authorized to act in whatever manner is deemed appropriate by school personnel. I also agree to comply fully with the financial requirement of the school regarding payment of tuition and understand and agree that the student may be removed from the school if tuition payments become delinquent.

Parent (Guardian) Signature _____ Date _____

Parent (Guardian) Signature _____ Date _____

Phoenix Christian Unified Schools admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.