



# Phoenix Christian Elementary Re-Enrollment Checklist 2012-2013

## 1. Complete the Student Re-Enrollment Application Form

All forms listed below must be returned with the Re-Enrollment Application:

- Completed Re-Enrollment Form with the appropriate Application Fee:  

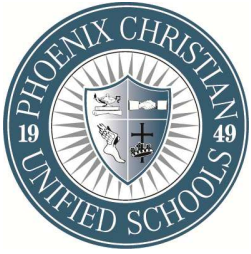
<b>January 20-February 20</b>	<b>\$75</b>
<b>February 21 →</b>	<b>\$200</b>
- Notarized Emergency Contact Form
- Financial Commitment Form

## 2. Plan to Attend the Walk-thru Registration in August

All students must attend the Registration Day in August. The date will be mailed to you in July.

## 3. Feel Free to Contact the Administration with Questions

Elementary Campus: Call (602) 264-4338  
Administration Office: Call (602) 265-4707



**PHOENIX CHRISTIAN UNIFIED SCHOOLS**  
**Preschool—12th Grade**

1751 W. Indian School Road, Phoenix, Arizona 85015-5235  
Phone (602) 265-4707 FAX (602) 277-7170

*For Office Use Only*  
Date Rec'd \_\_\_\_\_  
Fee Paid \_\_\_\_\_  
Ck#/Cash/CC \_\_\_\_\_  
Multi Family \_\_\_\_\_

**Elementary Re-Enrollment Application 2012-2013**

[Complete ALL information and include registration fee with your application.]  
Please print or type.

**STUDENT INFORMATION**

**Student's Name** \_\_\_\_\_  
*Last First Middle Name*  
\_\_\_\_\_  
*Street Number City State ZIP Phone*  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_  
Applying for Grade \_\_\_\_\_ For Term Beginning \_\_\_\_\_ Social Security # \_\_\_\_\_  
Sex:  Male  Female Primary Language in Home:  English  Spanish  Other \_\_\_\_\_  
Ethnic Origin:  Caucasian  Black/African American  Hispanic/Latino  Asian/Pacific Islander  
 Native American/American Indian  Multiracial \_\_\_\_\_

**PARENT (GUARDIAN) INFORMATION**

**Father/Guardian/Step-father (circle one)**

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Employer \_\_\_\_\_

**Mother/Guardian/Step-mother (circle one)**

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
E-mail \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Employer \_\_\_\_\_

**FAMILY INFORMATION**

Student 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 / FAITH INFORMATION

Church Name \_\_\_\_\_ Denomination \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Church Phone Number \_\_\_\_\_

Church Address/City/ZIP \_\_\_\_\_

Does **student** attend the same church as Parent/Guardian?  Yes  No If no, church name \_\_\_\_\_

Is **the student** open to developing a personal relationship with Jesus Christ?  Yes  No

## USE OF PICTURES CONSENT

Many pictures are taken at Phoenix Christian during the year of individual students and various groups for use on our website and in various promotional materials. By enrolling your student at Phoenix Christian you give the school permission to use pictures of your student. **If you do not wish to have your student's picture used, you must notify the school office in writing.**

## STUDENT STATEMENT *(required of 5th grade students only)*

By signing this application, I am indicating that I fully understand the rules of behavior as outlined in the "Student/Parent Handbook" (located online at [www.phoenixchristian.org](http://www.phoenixchristian.org)) and that these rules apply for the entire year, on and off the Phoenix Christian campuses. I further understand that the rules and regulations are subject to revision by the school at any time, and that each student/family is expected to be familiar with current school rules. I agree to abide by the rules and regulations of the school. I also realize that if I break the rules, my continued enrollment will be subject to immediate review.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

## PARENT/GUARDIAN STATEMENT

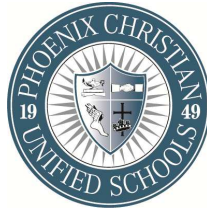
I/We understand and agree that Phoenix Christian Unified Schools are private evangelical Christian schools where enrollment is a privilege and not a right. I/We certify by signature below that I/we understand the general rules and regulations that are published in the "Student/Parent Handbook" (located online at [www.phoenixchristian.org](http://www.phoenixchristian.org)). I/We further understand that the rules and regulations are subject to revision by the school at any time, and that each student/family is expected to be familiar with current school rules. I/We agree to abide by the rules and regulations. In the role as parent and/or guardian, I/we promise to enforce these rules. I/We 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/we 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/we cannot be contacted in an emergency, call the physician listed on the Notarized Emergency form and follow his/her instructions. If the school cannot contact anyone listed, the school is authorized to act in whatever manner is deemed appropriate by school personnel. I/We 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.***

**Phoenix Christian Central Elementary**  
4002 N 18th Avenue, Phoenix, AZ ❖ 602.264.4338



# Phoenix Christian Unified Schools

Senior High Junior High Elementary Preschool International

## EMERGENCY CONTACT & HEALTH INFORMATION FOR 2012-13 Central Elementary

### STUDENT INFORMATION

Student \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_  
Student Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_ Birthdate \_\_\_\_\_

### FAMILY INFORMATION

Father/Step Father/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_  
E-mail \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Mother/Step Mother/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_  
E-mail \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Please list two or three people who can assume temporary care of your student if you cannot be reached:  
**DO NOT LIST PARENT/ GUARDIAN!**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Cell Home Work (Circle One)  
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Cell Home Work (Circle One)  
3. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Cell Home Work (Circle One)

**List any individual(s) who SHOULD NOT pick up and/or have contact with your student:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

### EMERGENCY & HEALTH INFORMATION

In case of serious accident or illness at school, your student will be sent to an emergency medical facility. The parent/guardian is responsible for all expenses.

Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Known Allergies \_\_\_\_\_  
Daily Medications \_\_\_\_\_  
(Please list any medicine taken at home and at school)  
Other Pertinent Medical Data \_\_\_\_\_

**It is the policy of Phoenix Christian Unified Schools requiring all students to be covered by a school accident insurance policy or your family health insurance.**

Name of Family Health Insurance \_\_\_\_\_

I will purchase the Student Accident Insurance offered through Phoenix Christian Unified Schools.

PHOENIX CHRISTIAN UNIFIED SCHOOLS

Permission for any School Related Function and  
Consent for Medical Treatment  
2012 - 2013

*Must be signed in presence of Notary Public.*

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DATE \_\_\_\_\_

The undersigned hereby gives permission for the above named student to attend any school-related function for the period from August 1, 2012 to July 31, 2013 . In the event there is any emergency involving him/her, permission is hereby granted for **Phoenix Christian Unified Schools** personnel to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or surgeon or dentist licensed to practice in any state, and school personnel shall not be held personally liable.

If emergency service involving medical action or treatment is required, and neither the parent nor guardian can be contacted, the undersigned herewith consents for the student named above to be given medical care by a doctor selected by the school. Any intentional omission or falsification of this form may subject the parent/guardian to full liability for any subsequent injury, or may cause the student to be removed from Sports participation.

The parent/guardian must complete a written authorization form provided by the school for prescription medications that will be taken at school. All prescription medications must be turned in to the school office in the container dispensed by the pharmacy.

Known Drug Allergies: \_\_\_\_\_  None



\_\_\_\_\_  
Signature of Parent or Legal Guardian  
**(Must Sign in Presence of Notary Public)**

State of Arizona, County of Maricopa  
Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_,

Notary Public \_\_\_\_\_

*Signature*

My Commission Expires \_\_\_\_\_

# PHOENIX CHRISTIAN UNIFIED SCHOOLS

## ENROLLMENT FINANCIAL FORM 2012 – 2013

Parent Name \_\_\_\_\_ Phone \_\_\_\_\_

Person responsible for tuition and fees (if different from above) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### RETURNING STUDENTS

\_\_\_\_\_ YES, I do want to re-enroll my child(ren) at Phoenix Christian Unified Schools for the upcoming school year. I understand that the **re-enrollment fee is \$75 through February 20, 2012. Beginning February 21, 2012, the fee will be \$200. The re-enrollment fee is due with the re-enrollment packet.** Re-enrollment fees reserve space(s) in the classroom(s) and are non-refundable.

### NEW STUDENTS

\_\_\_\_\_ YES, I do want to enroll my child(ren) at Phoenix Christian Unified Schools for the upcoming school year. The **enrollment fee is \$200 with \$50 due with the application and the remaining \$150 due at the time of acceptance.** (The \$50 enrollment fee is non-refundable.)



### Monthly Payment Plans (Please choose a monthly payment plan and a payment option)

- 12 Monthly Payments (July 1, 2012 – June 1, 2013)
- 11 Monthly Payments (August 1, 2012 – June 1, 2013)
- 10 Monthly Payments (August 1, 2012– May 1, 2013)

### Monthly Payment Options

- I prefer to have my checking or savings account automatically charged for the monthly tuition payments on the 5<sup>th</sup> of each month.
- I prefer to pay my monthly tuition by cash, check, money order, cashier's check, or credit card. A \$15.00 late fee will be added to any payment not received by Phoenix Christian Unified Schools by the 15<sup>th</sup> of the month.

\_\_\_\_\_  
*Signature of Person Financially Responsible*

\_\_\_\_\_  
*Date*

\*\*\* For tuition and fees, please refer to the enclosed 2012 - 2013 Tuition/Fee Schedule.

### Returning Student(s) Name(s)

### Fall Grade

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### New Student(s) Name(s)

### Fall Grade

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*\*\* Please direct any questions concerning tuition/fees to the Business Office: (602) 265-4707 ext. 225 \*\*\*

# EMERGENCY Information and Immunization Record Card

Child's Name: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_ Updated: \_\_\_\_\_

Student Address: \_\_\_\_\_ Date of Disenrollment: \_\_\_\_\_

City, State & Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  Male  Female

Phone: (\_\_\_\_\_) \_\_\_\_\_ Grade: \_\_\_\_\_

## Mother or Guardian:

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Hm. Ph: \_\_\_\_\_

Cell Ph: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Wk. Ph: \_\_\_\_\_

Signature: \_\_\_\_\_

## Father or Guardian:

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Hm. Ph: \_\_\_\_\_

Cell Ph: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Wk. Ph: \_\_\_\_\_

Signature: \_\_\_\_\_

## If medical care is necessary, call:

**DOCTOR:** \_\_\_\_\_  
Name Address Phone

**HOSPITAL:** \_\_\_\_\_  
Name Address Phone

In case of injury or sudden illness, \_\_\_\_\_ will be called first. 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. It is understood by me that the expense of this service will be accepted by me.

In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person (s) to pick up my child (provide minimum of two).

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Custody papers have been provided and are on file at the facility.  Yes  No

## The following person (s) may not remove my child from the facility:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## Phoenix Christian Unified Schools

Senior High · Junior High · Elementary · Preschool · International

### Elementary Tuition & Fee Schedule for 2012 - 2013

#### ANNUAL TUITION

Kdg through 5<sup>th</sup> Grade                      \$5750.00

When a family sends more than one student (preschool - 12<sup>th</sup> - preschool students must attend 5 full days per week) to Phoenix Christian Unified Schools, the tuition will be discounted according to the following schedule:

One Student	=	Regular Price
Two Student Families	=	10% discount on both students
Three Student Families	=	15% discount on all three students
Four+ Student Families	=	15% discount on oldest three students and 50% discount on youngest students

#### ENROLLMENT FEE

A non-refundable application fee is assessed to cover normal enrollment costs.

January 20 - February 20	Re-enrollment Fee \$75.00
February 21 →	Re-enrollment Fee \$200.00
January →	New Enrollment \$200.00 (\$50 non-refundable fee due with application and \$150 due upon acceptance)

#### ADDITIONAL FEES

Each student will be charged a \$70.00 workbook fee (includes a Yearbook). Payment is due by August 1<sup>st</sup>.

School hours are: 8 am to 3:00 pm. Day care is available for \$2.75 per hour (includes an afternoon snack). Morning care is chargeable if a child is dropped off prior to one-half hour before the start of school and afternoon care is chargeable if a child is picked up one-half hour after the end of school. Afternoon care expires at 6:00 pm. Any child picked up after that time will incur a charge of \$5.00 for every 10 minutes. *(Please see your handbook for complete day care information.)*

Children may bring their lunch (see *Parent/Student Handbook* for guidelines) or a hot lunch may be purchased through the cafeteria. The lunch charge is \$3.25 including a drink. *(Please see your handbook for additional cafeteria information.)*

#### TUITION PAYMENT POLICY

There are three (3) monthly payment options: 12-months, 11-months, or 10-months. See enrollment financial form for further details. **ALL PAYMENTS ARE DUE ON OR BEFORE THE FIRST DAY OF THE MONTH AND DELINQUENT AFTER THE 15<sup>TH</sup> OF THE MONTH.** Tuition payments may be paid by automatic debit to your checking or savings account. A \$15 late charge will be added to payments received after the 15<sup>th</sup> (or, if mailed, *postmarked* after the 15<sup>th</sup>). A \$15 charge is added when a check is returned by the bank unpaid for any reason. Per board policy, if after 60 days any account is delinquent, the student may be removed from Phoenix Christian Unified Schools. If the student is dismissed or transfers, the tuition will be prorated based on a school year of 180 days. When a student is withdrawn from school (or at graduation), all financial obligations need to be paid before grade sheets and/or transcripts are released. Students may not return to school for a new year if the account remains delinquent from the preceding year.

*Rev. 11/12 - Rates and Policies subject to change.*

**1751 W Indian School Road ❖ Phoenix, AZ 85015 ❖ 602.265.4707**  
***www.phoenixchristian.org***