



**VERDE CHRISTIAN
ACADEMY**

VERDE CHRISTIAN ACADEMY

A MINISTRY OF VERDE COMMUNITY CHURCH

Mr. Ben Russel, School Administrator

CHRISTIAN EDUCATION FOR STUDENTS PRESCHOOL THROUGH SIXTH GRADE

STUDENT NAME _____ DATE _____

HOW DID YOU HEAR ABOUT VCA?

- o WEBSITE/NEWSPAPER _____
- o FAMILY/FRIEND NAME _____
- o OTHER _____

ENROLLING YOUR STUDENT AT VCA

1. Schedule a Tour Date: _____

Please call the school office at 928.634.8113 to schedule a tour of our campus and to speak with our School Administrator, Mr. Ben Russel.

2. Complete the Student Enrollment Packet

All forms listed below must be submitted before processing begins:

- o Completed Application
- o Testimonial (on separate sheet of paper)
- o Emergency Information and Immunization Record Card
- o Affidavit of Intent (K - 6th only)
- o Birth Certificate
- o Immunization Record
- o Records Request for transfer students
- o NACSSF Scholarship application (K - 6th grade)

3. Principal Interview Date: _____

A Principal Interview is required prior to acceptance into Verde Christian Academy. Only families who have submitted **complete** applications will be scheduled for an interview.

Phone:
928.634.8113

E-mail:
Info@myvcacademy.com

Web:
www.myvcacademy.com



Application is for: ☐ Preschool Student ☐ Elementary School Student ☐ Middle School Student

Please print or type.

STUDENT INFORMATION

Student's Name _____

Last First Middle Nickname (if any)

Physical Address _____

Mailing Address is same as physical: Yes No (please provide) _____

Date of Birth _____ Age _____ Entering Grade _____ Years _____ Gender: ☐ Male ☐ Female

Primary Language in Home: ☐ English ☐ Spanish ☐ Other _____

PARENT (GUARDIAN) INFORMATION

Mother/Stepmother/Guardian _____ Cell #: _____
(Circle one) Last First M.I.

Email Address: _____ Address is same as student: Yes No (please provide)

Address: _____

Employer: _____ Work Phone: _____

Employer Address _____

Father/Stepfather/Guardian Name _____ **Cell #:** _____
(Circle one) Last First M.I.

Email Address: _____ Address is same as student: Yes No (please provide)

Address: _____

Employer: _____ Work Phone: _____

Employer Address _____

Student lives with: ☐ Mother & Father ☐ Mother ☐ Father ☐ Mother & Stepfather ☐ Father & Stepmother
☐ Other _____ Relationship _____

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

Who has legal custody? _____

*Please provide court documentation if applicable

SIBLING INFORMATION

Name/age/school of other children in family:

Name	Age	School



CHURCH / FAITH INFORMATION

*****Christian faith is not a requirement for entrance, but completed data is an important part of our selection process.*****

Does **one parent/guardian** attend church regularly? ☐ Yes ☐ No If yes, please provide the following information:

Church Name _____ Denomination _____

Pastor's Name _____ Church Phone Number _____

Church Address/City/Zip _____

Does **at least one parent/guardian** have a personal relationship with Jesus Christ? ☐ Yes ☐ No

Name _____

Please provide a testimony of how you came to know Christ personally (please use a separate piece of paper)

Is the student accustomed to daily Bible reading at home? ☐ Yes ☐ No

Does the student attend church or Sunday School? ☐ Yes ☐ No If yes, is it on a regular basis? ☐ Yes ☐ No

Does the student have a personal relationship with Jesus Christ? ☐ Yes ☐ No

ATTITUDE INFORMATION

Please list schools student currently attends or previously attended:

School Name	Phone Number	Dates	Grades Completed
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School Name	Phone Number	Dates	Grades Completed
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Has the student ever been suspended? ☐ Yes ☐ No Been expelled or asked to withdraw? ☐ Yes ☐ No

ATTITUDINAL ADMISSION CRITERIA

Satisfactorily interviews with Verde Christian Academy Administrator.

Parents/students have an understanding and commitment to following Verde Christian Academy's policies and procedures.

ACADEMIC INFORMATION

Has the student ever failed a grade? ☐ Yes ☐ No If yes, please state grade and date _____

Reason: _____

Does the student have any learning disabilities? ☐ Yes ☐ No If yes, please attached explanation/documentation

Has the student been in a resource classroom for educational support? ☐ Yes ☐ No

Has the student received any academic awards? ☐ Yes ☐ No If yes, please provide a copy.

ACADEMIC ADMISSION CRITERIA

Satisfactory academic performance at grade level (1st - 6th).

A low or failing grade may not exclude a student from admission, but circumstances will be evaluated during the admission process to determine if admission can proceed.



STATEMENT OF FINAL AUTHORITY

VCA reserves the right to accept or deny admission. VCA has final authority to decide if a child's admission is in the best interest of the school as well as the individual child. VCA may ultimately deny admissions based on admissions policies and/or Biblical principles embraced by the school.

STATEMENT OF COOPERATION

It is understood that my child's attendance is a privilege and not a right and that if at any time his/her conduct, academic progress, or cooperation with the school authorities is not in keeping with the school's requirements, Verde Christian Academy reserves the right to terminate at its discretion, my child's enrollment.

I give permission for my child to take part in all school activities including sports programs and school sponsored trips away from the school premises. I absolve the school from all liability in the event my child is injured at school or during any school activity. I agree with the school's efforts to train my child in the Bible and will encourage my child in this and in all other phases of the curriculum.

If my child voluntarily withdraws, or is requested to withdraw by the school, it is understood and accepted that there will be no refund of registration fee, supply fees, nor monthly tuition payments. A prorated refund will be provided for tuition payments made in advance.

Signature of Parent or Legal Guardian

Date

Non-Discrimination Statement

VCA does not, and will not, discriminate against any person on the basis of race, gender, national origin, disability or any other status protected by federal, state or local laws unless a particular status protected by federal, state, or local laws contradicts the deeply held religious convictions of Verde Christian Academy.

STATEMENT OF FAITH

1. We believe the Bible is the inspired, infallible and authoritative Word of God
2. We believe in one God, eternally existent in three persons: Father, Son, and Holy Spirit.
3. We believe in: the deity of the Lord Jesus Christ, His virgin birth, His sinless life, His ascension into heaven to sit at the right hand of the Father, and His personal and visible return in power and glory.
4. We believe the salvation is entirely by the grace of God through faith in the substitutionary death and resurrection of Jesus Christ, His Son.
5. We believe that regeneration by the Holy Spirit is necessary for the salvation of lost and sinful men.
6. We believe in the present ministry of the Holy Spirit by whose grace and indwelling the Christian is enabled to live a Godly life.
7. We believe in Heaven and Hell; that Heaven is a place of eternal life and bliss with our Savior, the Lord Jesus Christ, and that Hell is a place of eternal death and separation from God for those who have rejected His Son
8. We believe that marriage is an institution designed by God for one man and one woman. We believe that all sexual activity occurs only within this design.
9. We believe in the spiritual unity of all believers in the Lord Jesus Christ, all of whom are joined in His body, the Church.



FOR PRESCHOOL & KINDERGARTEN APPLICANTS

Please answer the following questions to the best of your abilities. It is the desire of Verde Christian Academy to provide a nurturing, fun atmosphere for our youngest students. Answering these questions will help us get to know you and your child better.

****PRESCHOOL AND KINDERGARTEN STUDENTS ONLY****

PERSONAL INFORMATION

What are some of the child's favorite activities? _____

Does your child enjoy story time? ☐ Yes ☐ No

What is the attitude of your child when separated from his/her parents? ☐ Cries ☐ Tantrum ☐ Inconsolable ☐ Fine

Does your child follow a regular daily routine? ☐ Yes ☐ No

How does your child react to changes in his/her routine? Please explain: _____

Please check which means of discipline you find most effective: ☐ Time out ☐ Spanking ☐ Deprived of Privileges
☐ Other _____

How does your child act when punished? ☐ Angry ☐ Pouts ☐ Sorry ☐ Hurt ☐ Sullen

Does your child exhibit any specific fears? Please list: _____

Does your child have any physical limitations? ☐ Yes ☐ No If yes, please explain: _____

Does your child have any problems in any of these areas: ☐ Eating ☐ Sleeping ☐ Bathroom Habits

If so, please explain _____

Has your child had any serious illnesses/surgeries? ☐ Yes ☐ No If yes, please explain: _____

What do you and your child hope to achieve from this preschool year? _____

September 1st is the birth date deadline for Preschool - Kindergarten, and all immunizations must be up-to-date. A copy of the child's birth certificate and immunization record or waiver must accompany this application. This application does not assure final enrollment, but provides information upon which to base a decision. Registration fee and supply fees are due at the time of acceptance of enrollment.

AFTER ACADEMY

If After Academy is required for Preschool, please check how many days will be needed:

☐ 2 Days

☐ 3 Days

☐ 4 Days

☒ 5 Days (Pre-4 only)

Which days will be attended:

☐ Monday

☐ Tuesday

☐ Wednesday

☐ Thursday

☒ Friday (Pre-4 only)



Emergency Contacts & Medical Consent Forms

STUDENT INFORMATION

Student _____ Grade _____ Date _____

Student Address _____ City _____ Zip _____

Home Phone _____ Birth Date _____

Mother/Step Mother/Guardian _____ Cell Phone _____

E-mail _____ Work Phone _____

Father/Step Father/Guardian _____ Cell Phone _____

E-mail _____ Work Phone _____

EMERGENCY CONTACT INFORMATION

Please list two or three people who can assume temporary care of your student if you cannot be reached.

1. Name _____ Relationship _____

Contact Phone _____ Cell _____ Home _____ Work _____ (Circle One)

2. Name _____ Relationship _____

Contact Phone _____ Cell _____ Home _____ Work _____ (Circle One)

3. Name _____ Relationship _____

Contact Phone _____ Cell _____ Home _____ Work _____ (Circle One)

EMERGENCY HEALTH INFORMATION

In case of serious accident or illness at school, your student will be sent to an emergency medical facility. Parents/guardians are responsible for all expenses.

Physician _____ Phone _____

Known Allergies _____

Daily Medications _____

(Please list any medicine taken at home and at school)

Other Pertinent Medical Data _____

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

1. Name _____ Relationship _____

2. Name _____ Relationship _____



Emergency Treatment/Picture Consent

Permission for School Related Functions and Consent for Emergency Treatment and Medical Information Form

STUDENT NAME _____ DATE OF BIRTH _____ DATE _____

I, _____, the parent/guardian of the above names student hereby give permission for him/her to attend any school-related function for the 20____ / 20____ school year. In the event there is any emergency involving him/her, permission is hereby granted for Verde Christian Academy 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, surgeon, or dentist licensed to practice in any state, and neither school nor school personnel shall be held personally liable.

In the event that emergency medical action is required, and neither parent/guardian can be contacted, I hereby consent for the student named above to be given medical care by a doctor selected by the school. I accept full responsibility for all charges in connection with care and treatment rendered during this period.

Health Insurance _____ Policy #: _____

Phone Number of Insurance Company _____

I authorize Verde Christian Academy to administer the following over-the-counter medication to my child:

- ☐ Acetaminophen (Tylenol or generic equivalent) ☐ Jr. Chewable Aspirin ☐ Adult Gel Cap ☐ Pepto-Bismol
☐ Ibuprofen ☐ Visine Eye Drops ☐ Cough Drops

ALL PRESCRIPTION MEDICATION MUST BE BROUGHT TO THE SCHOOL OFFICE IN THE ORIGINAL CONTAINER. AN INSTRUCTION FORM FOR PROPER DISPENSING MUST BE COMPLETED AND SIGNED BY PARENT/GUARDIAN.

Signature of Parent or Legal Guardian

Relationship

Date

Use of Pictures Consent

At VCA we love to share photos of our children hard at work and at play. Pictures could be shared with VCA Family/Friends, on Facebook, in the newspaper, on our website, or in print material.

I hereby authorize the school to submit pictures and/or my child's name to the media for school related activities and publicity purposes.

☐ Yes

☐ No

Signature of Parent or Legal Guardian

Relationship

Date



Enrollment Agreement

Student _____ Grade _____ Date _____

Please read, initial, and sign at the bottom.

1. It is our belief that a student's learning experience is made much more powerful with family support and involvement. As such we ask families to commit to 15 hours of service to the school throughout the school year. This service can be through our PTF, in the classroom, or in the office (class field trips are not considered part of the 15 hour yearly commitment).

_____ I hereby agree to 15 hours of volunteer service to Verde Christian Academy. My service can be done all at one time, or throughout the school year. I understand that sign-up sheets will be available at our back-to-school night and Meet & Greet Coffee on the first day of school.

2. VCA has been blessed with a strong scholarship program that allows many families who would otherwise be unable, to attend. Scholarship information for each child will be available for the first distribution in July.

_____ I understand and hereby agree that it is my responsibility to make monthly payments on my account.
Example: Tuition \$5,000-\$3,000 Scholarship = \$2,000.00 (Mo. \$200.00)

_____ I hereby agree to attend at least one educational tax credit class that is provided for free by the school. I understand that these classes are provided the first Tuesday of every month.

_____ I have raised at least \$1500 through the Arizona tax credit program and am thus not required to attend the tax credit class.

3. Parent Student Policy Handbook is designed for parents and students to know how the school functions and what is expected.

_____ I have received, and read, a copy of the Parent/Student Handbook. I (We) agree to support Verde Christian Academy in carrying out the policies stated therein.

Signature of Parent or Legal Guardian

Relationship

Date



2019/2020 Tuition Schedule

PRESCHOOL THROUGH 6TH GRADE

Registration Fee: \$75.00 for incoming new students only

TUITION AND FEE SCHEDULE FOR THE 2019-20 SCHOOL YEAR

Grade	Days/Hours	Tuition Costs	Supply Fee	Total Due
Pre-3	Monday - Thursday 8:00a.m. - 11:30a.m.	\$2,500/year* or \$250/month	\$50.00	\$2,550.00
Pre-4	Monday - Friday 8:00a.m. - 11:30a.m.	\$2,800/year* or \$280/month	\$50.00	\$2,850.00
Kinder - 5th	Monday - Friday 8:00a.m. - 3:00p.m.	\$5,100/year* or \$510/month	None	\$5,100.00
6th	Monday - Friday 8:00a.m. - 3:00p.m.	\$5,500/year* or \$550/month	None	\$5,500.00
Afternoon Academy	Five days/week	\$1,700/year* or \$170/month	\$50.00	\$1,750.00
	Four days/week	\$1,600/year* or \$160/month	\$50.00	\$1,650.00
	Three days/week	\$1,500/year* or \$150/month	\$50.00	\$1,550.00
	Two days/week	\$1,400/year* or \$140/month	\$50.00	\$1,450.00

***All tuition is set-up on a 10 month plan August 2019 - May 2020**

Refund Policy - Tuition refunds are prorated based on **full months remaining**.

ARIZONA TAX CREDIT MONEY CAN BE APPLIED TO TUITION FOR GRADES K - 6

For more information tax credit brochures are located in the school office