



Dear Parents,

Thank you for your interest in the Verde Christian Academy. We are passionate about partnering with families to educate students to;

- Know Christ personally
- Excel Academically
- Transform Communities for God's Glory

We are excited to take you for a tour of our campus and share more about the mission, staff, and values of Verde Christian Academy. We will set up an appointment for your tour when you return this completed packets.

Biblical principles are not just one part of the daily classroom curriculum here at VCA, but are integrated into every subject taught. Our staff is committed to teaching academic excellence, but also to teaching students how to apply biblical truths to every aspect of life. Our aim is to compliment the home in raising students of strong character who can affect their communities for Christ. We look forward to partnering with you in the education of your child.

Sincerely,

Ben Russel

Mr. Ben Russel

Proud VCA Administrator



**VERDE CHRISTIAN
ACADEMY**

VERDE CHRISTIAN ACADEMY

A MINISTRY OF VERDE COMMUNITY CHURCH

Mr. Ben Russel, School Administrator

CHRISTIAN EDUCATION FOR STUDENTS PRESCHOOL THROUGH EIGHTH GRADE

STUDENT NAME _____ **DATE** _____

HOW DID YOU HEAR ABOUT VCA?

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

ENROLLING YOUR STUDENT AT VCA

Complete the Student Enrollment Packet

Only families who have submitted **complete** applications will be scheduled for an interview.

Schedule a Tour/Interview

Tour/Interview is required prior to acceptance into Verde Christian Academy. Please call the school office to schedule a tour of our campus and to speak with our School Administrator.

Turn in the following

All forms listed below must be submitted before processing begins:

- o Testimonial (on separate sheet of paper)
- o Emergency Information and Immunization Record Card
- o Affidavit of Intent (K - 8th only)
- o Birth Certificate
- o Immunization Record or Waiver
- o Records Request for transfer students
- o NACSSF Scholarship application (K - 8th grade)

Phone:

928.634.8113

E-mail:

Info@myvcacademy.com

Web:

www.myvcacademy.com

OFFICE USE ONLY

DATE RECEIVED: _____ TOUR DATE/TIME: _____ A.M. P.M.



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
☐ Mother & Father ☐ Mother ☐ Father ☐ Stepfather ☐ Stepmother ☐ Other _____

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 school 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 - 8th).

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

Which days will be attended:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday



Emergency Treatment/Picture Consent

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

STUDENT NAME _____ DATE OF BIRTH _____

I, _____, the parent/guardian of the above named student hereby give permission for him/her to attend any school-related function for the 2023/2024 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 understand that if my student needs any over the counter medication Verde Christian Academy will call me to get approval for each request. Available over the counter medications include:

Acetaminophen

Aspirin

Diphenhydramine

Ibuprofen

Eye Drops

Cough Drops

Antacids

Pepto-Bismol

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 use pictures and/or my child's name for school related activities and publicity purposes for the 2023/2024 school year.

☐ Yes

☐ No

Signature of Parent or Legal Guardian

Relationship

Date



Enrollment Agreement

Student _____ Grade _____

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 I can sign up with the teacher or office staff, and I must have a volunteer fingerprint clearance card.**

2. VCA has been blessed with a strong scholarship program provides funds that allows many families who would other wise be unable, to attend. Scholarship information for each child will be available before school starts in August.

_____ **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 January thru May.**

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.**

4. Students new to Verde Christian Academy are considered "probationary" during their first 60 calendar days of attendance. These students are NOT restricted from participation in school activities for which they are eligible. The faculty and administration will review the student's performance during the probationary period. Academic effort, attitudes, and conduct consistent with the standards of VCA are required for continued enrollment. VCA administration may grant an additional 30 days if a student is showing growth in an area of concern.

Signature of Parent or Legal Guardian

Relationship

Date



VERDE CHRISTIAN ACADEMY

102 S. Willard - Cottonwood, AZ 86326

Records Request

Date: _____

This is requesting records for: _____

Date of Birth _____ Grade _____

- ☐ Transcript of Grades
- ☐ Immunization Record
- ☐ Birth Certificate
- ☐ Achievement Test Scores
- ☐ IEP Records
- ☐ Discipline Records
- ☐ Attendance Records

Former Schools Name: _____

Mailing Address: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Please send all records to:

megan@myvcacademy.com

VERDE CHRISTIAN ACADEMY
102 S. WILLARD ST.
COTTONWOOD, AZ 86326
Phone: 928-634-8113

1st Request Sent: _____

2nd Request Sent: _____

3rd Request Sent: _____



2023/2024 Tuition & Fee Schedule

PRESCHOOL THROUGH 8TH GRADE

Registration Fee: \$125.00 for incoming new students only

Grade	Days/Hours	Tuition Costs	Supply Fee	Total Due
Pre-3	Monday - Thursday 8:00a.m. - 11:30a.m.	\$3,000/year* or \$300/month	\$50.00	\$3,050.00
Pre-4	Monday - Thursday 8:00a.m. - 11:30a.m.	\$3,500/year* or \$350/month	\$50.00	\$3,550.00
Kinder - 5th	Monday - Thursday 8:00a.m. - 3:15p.m.	\$6,600/year* or \$660/month	None	\$6,600.00
6th - 8th	Monday - Thursday 7:45a.m. - 3:15p.m.	\$6,600/year* or \$6,600/month	None	\$6,600.00
Afternoon Academy	Four days/week	\$1,675/year* or \$167.50/month	\$50.00	\$1,725.00
11:30 a.m. - 3:15p.m.	Three days/week	\$1,575/year* or \$157.50/month	\$50.00	\$1,625.00
	Two days/week	\$1,475/year* or \$147.50/month	\$50.00	\$1,525.00

***All tuition is set-up on a 10 month plan August 2023 - May 2024**

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

ARIZONA TAX CREDIT MONEY CAN BE APPLIED TO TUITION FOR GRADES K - 8

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



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? If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child usually susceptible to infections and if so, what precautions need to be taken? If yes, list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
Is child subject to convulsions and what should be our procedure if one occurs? If yes, specify procedure:	<input type="checkbox"/> No <input type="checkbox"/> Yes
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.)? If yes, list precautions:	<input type="checkbox"/> No <input type="checkbox"/> Yes
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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AFFIDAVIT OF INTENT

CHILD'S LAST NAME _____ FIRST _____ MIDDLE _____

DATE OF BIRTH _____ GRADE _____ MALE _____ FEMALE _____

The above named child is attending: _____ home school **OR** _____ a regularly organized private school.

NAME(S) AND ADDRESS(ES) OF PERSON(S) WHO HAVE CUSTODY OF THE CHILD:

Name

Name

Physical address

Physical address

Mailing address (if different from above)

Mailing address (if different from above)

City State Zip

City State Zip

() _____
Phone number(s)

() _____
Phone number(s)

PUBLIC SCHOOL DISTRICT OF RESIDENCE **OR**

NAME OF PRIVATE SCHOOL CHILD IS ATTENDING

For Private School and Home School Parents:

I understand that an Affidavit of Intent shall be filed within thirty days from the time the child begins to attend a private school or home school and is not required thereafter unless the private school or the home school instruction is terminated and then resumed. I understand the child must be instructed in at least the subjects of reading, grammar, mathematics, social studies and science. The person who has custody of the child shall notify the county school superintendent within thirty days of the termination that the child is no longer being instructed at a private school or a home school. If the private school or home school instruction is resumed, the person who has custody of the child shall file another Affidavit of Intent with the county school superintendent within thirty days. (ARS §15-802.C)

In addition, for Home School Parents:

I understand a certified copy of the child's birth certificate or other reliable proof of the child's identity and age shall also be filed in the county school superintendent's office. (ARS §15-828.B)

I understand that testing of children who are instructed in a home school program while they are receiving home school instruction is not required. (ARS §15-745.A)

I understand that a child who re-enrolls in a kindergarten program or grades one through twelve in a public school after receiving instruction in a home school program shall be tested in order to determine the appropriate grade level for the educational placement of the child. (ARS §15-745.B)

Address of private school

City State Zip

☐ I (we) elect to not begin formal education until this child reaches eight years of age.

If child is attending **home school**, after signing and notarizing this form, return the original to:

**Yavapai County School Superintendent
2970 Centerpointe East Dr.
Prescott, AZ 86301-8426
Telephone 928-771-3326**

If student is enrolled in a **private school**, after signing and notarizing this form, return the original to the private school named above.

PRIVACY NOTICE:

The undersigned expressly prohibits the release of any and all information contained in this form including directory information as defined in 20 U.S.C. §1232g (a)(5)(A), without prior written consent by the undersigned. See 20 U.S.C. §1232g (a)(5)(B) and ARS §15-141.

State of _____, County of _____

SUBSCRIBED AND SWORN TO before me this

_____ day of _____ 20____

SIGNATURE OF NOTARY PUBLIC

My Commission Expires: _____

Notary Stamp

Signature of person having custody of the child

For office use only

