



Valley Classical Christian Academy
 7000 N Central Ave
 Phoenix, Arizona 85020
 (602) 955-5959

APPLICATION FOR ADMISSION

Today's Date ___/___/___
 Academic Year 20__-20__

Grade applying for _____

() Male () Female

Please fill out and return to the office with a \$75.00 non-refundable application fee. Enclose copies of report cards and standardized test scores.

Office Use Only

Application Rec'd _____
 Application Fee _____
 Tuition Contract _____
 Nurse's Card ___ Blue Card ___
 Probationary Agreement* _____
 Private School Affidavit* _____
 Imm. Record * ___ Birth Cert* ___
 *New Students only

Applicant Name Last: _____ First: _____ Middle: _____
 First Name used: _____ Date of Birth _____/_____/_____
 Address _____ City, State, Zip _____
 Phone number () _____
 Will you allow your contact information to be published on a class list () Yes () No
 Whom can we thank for the referral?

<u>Siblings</u>			
Name	Age	Current School	Applying to VCCA
_____	_____	_____	() Yes () No
_____	_____	_____	() Yes () No
_____	_____	_____	() Yes () No

Parent/Guardian Information

First/last name _____	First/last name _____
Relationship to applicant _____	Relationship to applicant _____
Present address _____	Present address _____
City, State, Zip _____	City, State, Zip _____
Home phone () _____	Home phone () _____
Mobile phone () _____	Mobile phone () _____
Work phone () _____	Work phone () _____
Occupation _____	Occupation _____
E-mail _____	E-mail _____

Does the child reside with both parents? () Yes () No If no, please indicate () Divorce
() Separation () Parent Deceased () Lives w/Grandparents () Shared custody () Other _____
Primary Residence _____

If applicable, please attach custody papers with this application

Academic History

School background of applicant

Name of school	Address	Grades Completed	Reason for leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What types of discipline have you used with your child? _____

How does your child usually respond to discipline? _____

What are your child's interests or hobbies? _____

What do you view as your child's educational strengths? _____

What do you view as your child's educational weaknesses? _____

When learning new concepts, your child is best motivated through:

() visual instruction () oral instruction () by doing activities

What is your child's area of greatest accomplishment? _____

Has your child ever repeated a grade? () yes () no If yes, which grade? _____

What expectations do you have of the education your child will receive at VCCA? _____

Religious History

VCCA is an interdenominational private school and maintains an explicitly Christian perspective in its curriculum practices. The school however does not discriminate based on religious faith or creed, and our students come from a variety of religious communities. Please answer all that apply:

Do you attend church? () Yes () No Name of Church: _____

Address _____

City, State, Zip _____

Denomination _____

Does your child regularly attend church service? () Yes () No

Weekly Monthly Occasionally

EXTENDED DAY PROGRAM POLICIES AND AGREEMENTS

Valley Classical Christian Academy offers Extended Day, limited to those students who are enrolled in our regular Kindergarten through 8th Grade Program. Charges are based on the actual time used from the hours of 6:30 a.m. until 8:00 a.m. and 3:30 p.m. until 6:00 p.m., at the hourly rate of \$3.50 per hour.

We offer a variety of activities, which include study hall, and other recreational activities to stimulate and promote education, social and spiritual growth. The Valley Classical Christian Academy is ultimately responsible for all children involved in after school activities

The Valley Classical Christian Academy Extended Day Program requires the following procedures:

- ✓ All children must be physically signed in daily on a sign-in sheet upon arrival and signed out upon pick-up.
- ✓ Persons authorized to pick up children must be listed on the blue emergency card and require a valid driver's license or proof of identity. Families will be issued pick-up cards based on the information listed on the blue emergency card. Only parents will be able to make changes to the blue emergency card.
- ✓ Extended Day hours are Monday-Friday from 6:30 a.m. to 8:00 a.m. and 3:30 p.m. to 6:00 p.m. Extended Day will also be available on early dismissal days until 6:00 pm. Please refer to the school calendar for dates when Extended Day will not be available.
- ✓ Extended Day will be billed monthly at the rate of \$3.50 per hour. A \$1.00 per child charge will be assessed for every minute past 6:00 p.m. that your child is still clocked into Extended Day.
- ✓ Extended Day is only available to students enrolled for the academic school year during the months school is in operation.
- ✓ All students in Kindergarten through 8th grade will need to bring a nutritious after school snack. Some ideas include but are not limited to fruit, crackers, 100% fruit juice, raisins, granola bars, string cheese, etc. Please do not send candy or carbonated beverages.

VCCA MEDICAL CONSENT, PHOTO, VIDEOTAPE IMAGES AND AUDIO RELEASE

Student's Name _____ Birthdate ____/____/____

I hereby give my consent for the above-named student to participate in any on or off-campus, school-sponsored activities, including attendance at special events, field trips and sporting events. I realize that there is a degree of danger involved in almost any activity associated with transportation, recreation or physical activities and will not hold Valley Classical Christian Academy responsible for injury or harm to my student so long as reasonable precautions are taken, customary care is exercised and adequate supervision is provided. I understand that I must sign individual consent forms for each off-campus event.

Valley Classical Christian Academy does not provide transportation to or from school at any time. Therefore, VCCA does not assume any responsibility whatsoever for agreements or arrangements between parents who participate in carpools or who enter into agreements with church or staff members to transport their children to or from school, even though parents may have learned of or met these contacts at the school. Furthermore, VCCA does not assume the responsibility for safety in supervision of students when parents enter into such agreements nor endorse individuals on class, staff, parent, carpool or other lists. Such lists are informational only. I am responsible for determining whether I want my child to be in the company or supervision of the persons listed.

If emergency medical action or treatment is required and neither parent nor guardian can be contacted, I hereby give my consent for the student named above to be administered medical care by the physician or licensed hospital deemed most expedient by the school representative in charge for the good of my child. The local fire department or paramedic unit may be used, or students may be transported to the nearest emergency facility.

I understand that I am fully responsible for any expenses associated with or resulting from medical care administered to the above-named student (which might also include ambulance service) and agree to assume the financial responsibility for such services. This applies whether an accident occurs on or off campus as long as it is a school-sponsored activity. I understand that the insurance provided by the school is a supplementary policy that covers accidents under the provisions described in the brochure and pays only after a claim has been filed with my primary insurance carrier. I further understand that certain deductibles, limitations and exclusions may apply. It does not cover illnesses.

I understand that school staff, parent volunteers, yearbook coordinators, or public media personnel may take on or off the school campus my child's picture during any school activity, on or off the school campus. I give my permission to release any photographs of my child, taken during school activities, for use in school, as well as possible public media use.

This consent and authorization is to continue for the currently enrolled time period, unless sooner revoked in writing and delivered to the school office of Valley Classical Christian Academy.

Signature of Father/Guardian Date

Signature of Mother/Guardian Date

Driver's license number

Driver's license number

Notary Public Date

Notary Public Date

NOTICE OF NON-DISCRIMINATION POLICY

Valley Classical Christian Academy admits students of any race, color, national and ethnic origin to all 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 or national or ethnic origin in the administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.