

GracePointe Christian Academy
Parent Check List
2023-2024, Registration

Name of student: _____ Entering Grade: _____

Please review the checked areas that need attention before returning. An incomplete registration packet will not be processed.

____ Enrollment contract (parent's initials and signatures are required). In the event that a parent is not available to sign, a letter of exception or legal documentation must be attached to the contract. Please initial **all** sections on the contract.

____ Light blue Emergency Information and Immunization Record Card
Please complete every section of this form. If a section does not apply, please indicate with "N/A"

Note: "Telephone Authorization Code

We are requesting that a password or code be provided in the event that you need to make an immediate change or addition to your child's file by phone. **Changes/additions cannot be made by phone without this code.**

____ White Additional Information Card

____ Original Current Immunization Record (copies will be made in the school office)
Dr.'s office may email a report to us at tonya@gracepointetucson.org

____ Original Birth Certificate (**New students only**) (copies will be made in the school office)

____ Affidavit of Intent for Private School (Kindergarten & newly enrolled elementary students only)

____ Parent Questionnaire

____ Sunscreen Permission Form

____ Movie Permission Form

____ Transition Form (**Preschool only**)

____ Student's family account(s) paid up to date (for current students)

____ Registration fee collected (optional payment plans for Elementary only)

Do we need to update a new address, email, or phone number? Y / N

For office use only:

Registration Information verified by: _____ Date packet received: _____

Preschool/Kindergarten Immunization report completed by: _____

Packet completed on: _____

AFFIDAVIT OF INTENT FOR PRIVATE SCHOOL

Child's legal last name	First	Middle	Date of Birth	School district of residence
Name(s) of the parent(s) or person(s) with custody of the child				Daytime telephone numbers
Physical address(es) of the person(s) with custody of the child			AZ	Mailing address (if different)
Name of private school			Zip code	Zip code
Address of private school			Zip code	

I understand that an Affidavit of Intent shall be filed within thirty days from the time the child begins to attend and is not required thereafter unless the private 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 of the program that the child is no longer being instructed in a private school. If private 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 (A.R.S. §15-802).

For County Office use only

Signature of parent or person with custody

State of Arizona, County of

SUBSCRIBED AND SWORN TO before me this day of , 20

My Commission Expires

Rev. 07/16

Return signed and notarized affidavit, along with proof of child's age and identity to:

Pima County School Superintendent's Office
200 N Stone Avenue
Mailstop: DT-200NSTONE-1
Tucson, AZ 85701-1208

2023-2024, School Year Additional Information Form

Student Name: _____ Grade: _____

The Arizona Department of Health Services blue Emergency Information and Immunization Record Card requires indication of individuals who are authorized to collect your child if you can not be located. Please indicate on this form additional names of other individuals who are authorized to pick up your child.

Child may be picked up by:

<u>Name</u>	<u>Phone Number</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Child **may not** be picked up by:

The above names person must be 18 years or older

Parent Signature _____

Date _____

Additional names after registration:

Child may be picked up by:

<u>Date added</u>	<u>Name</u>	<u>Phone Number</u>	<u>Staff Initials</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



CDC/SGH# or name: 18367

**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.**

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.

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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GracePointe Christian Academy
2023-2024, School Year Enrollment Contract
Kindergarten through Fifth Grade
Grade Entering _____

(Please Print)

Student's Full Name _____ Birthdate ____/____/____

Student's Home Address _____ Zip _____ Home Phone _____

Father's Full Name _____ Business Phone _____

Father's Address _____ Zip _____ Cell Phone _____

Father's Email Address _____

Mother's Full Name _____ Business Phone _____

Mother's Address _____ Zip _____ Cell Phone _____

Mother's Email Address _____

Name of the financially responsible person **if other than parent:** _____

Financially responsible person's address: _____

Financially responsible person's phone number: _____

1. **Student Enrollment:** By signing this contract, I/we request that the school reserve a place for the above-named/Student for the entire school year beginning August 7, 2023, and ending May 23, 2024, or for the remainder of the school year if the student enrolls during the current school year. _____ **Initials** _____ **Initials**

2. **Tuition Monthly Payment-** Annual tuition is \$5,000.00. The annual tuition is then broken down to \$500.00 per month. **This monthly amount is not based on a daily rate;** it is simply the 2023-24 school year tuition. This includes scheduled days off, holidays, child absences, and unforeseen emergency school closures. This yearly rate, as well as the policy, has been set forth by our School Board. I/we agree to pay the \$500.00 monthly tuition payment due and payable on the first of every month for the entire school year (August through May). A \$25.00 late fee will be assessed to my/our account at the close of business on the 10th day of the month if my/our account balance is not paid in full, unless your child is on scholarship and you are on a quarterly payment plan.
_____ **Initials** _____ **Initials**

3. **Rules & Regulations** – I/we agree to accept and comply with the school's rules and regulations as adopted by the School Board and administration as explained in the Parent/Student handbooks. These include rules of conduct and rules for academic requirements to be met by the Student. Parents/Guardians, Family Members and Financially Responsible Parties are expected to cooperate with and support GracePointe Christian Academy and its teachers in the education and discipline of their child(ren) in the classroom and during other related school activities. _____ **Initials** _____ **Initials**

4. **Exclusion of Student for Unpaid or Delinquent Account** – Your Child may be unenrolled from class on the first day of the new month if tuition and late fees remain unpaid. Registration packets will not be processed if a student AND/OR a sibling's account remains unpaid for the current or previous school year. Academic records will be withheld pending payment in full. _____ **Initials** _____ **Initials**

5. **Re-Enrollment** - My/our account (including all late fees) must be paid in full, and a re-registration fee of \$50.00 will be required before a Student can return to the school. _____ **Initials** _____ **Initials**

6. **Withdrawal Policy** – I/we understand this contract is for the 2023-2024 school year. I/we understand the following withdrawal policy:
If a student is withdrawn from GracePointe Christian Academy by Parent/Guardian, Financially Responsible Party, or GracePointe Administration before or during the school year, a formal withdrawal form must be completed in the school office. Failing to attend class or lack of communication from Parent/Guardian or Financially Responsible Party does not constitute withdrawal, nor does it end financial responsibility. If a student is withdrawn before the end of August 2023, I/we understand that I/we are still responsible for the entire month of August tuition of \$500.00. All student curriculum is the property of GracePointe Christian Academy and must be returned. _____ **Initials** _____ **Initials**

If your child is withdrawn during

1st quarter ending 10/6/23
2nd quarter ending 12/22/23
3rd quarter ending 3/8/24
4th quarter ending 5/23/24

The amount due is:

25% of annual tuition less tuition already paid
50% of annual tuition less tuition already paid
75% of annual tuition less tuition already paid
100% of annual tuition less tuition already paid

7. **Permission for students to participate in emergency transportation-** I/we agree that the above-named student may leave the school premises under the supervision of the Director, teacher, law enforcement, or designated party in an emergency. _____ **Initials** _____ **Initials**
8. **Permission For Medical Care-** I/we agree that the School Director or her representative has my/our permission to take necessary steps to obtain emergency medical care when warranted. These steps may include, but are not limited to, the following:
- a. Call 911
 - b. Attempt to contact a parent or guardian
 - c. Attempt to contact the child's physician
 - d. Attempt to contact an authorized adult through any of the persons listed on the emergency information form completed by the parent
 - e. If the administrator cannot contact me/us or my/our child's physician, she will do one of the following:
 - a) call an ambulance or b) take the child to the emergency room or the hospital indicated on my/our health form. _____ **Initials** _____ **Initials**
9. **Permission For Photography** – If a photographer or staff member takes a picture with my child in it, either individually or in a group, I permit my child's picture to be used in future brochures, social media, videotapes, DVDs, or other publications of GracePointe Christian Academy. _____ **Initials** _____ **Initials**
10. **Permission For Testing** – I/we agree to allow the above-named student to participate in any criterion-referenced testing. I/we understand that a copy of all testing results will be given to me/us as part of the evaluation process. _____ **Initials** _____ **Initials**
11. **Cancellation and Waiver-** With the recommendation of the School Director and with the approval of the School Board, the school reserves the right to immediately cancel this contract in the event that:
- a) The above-named student, Parent/Guardian, Financially Responsible Party, or Family Member poses a verbal or physical threat to the safety of any Student, faculty member, or any persons on this campus.
 - b) The above-named Student, Parent/Guardian, or Financially Responsible Party expresses or displays noncompliance to Rules & Regulations as outlined in Section 3 above.
- _____ **Initials** _____ **Initials** _____
12. **Signature-** We require the Initials/Signature of both Parents and the Financially Responsible Party if applicable, unless one parent has sole legal custody.
13. **Parent/Student Handbooks** – I/we have read and agree to follow all policies and procedures outlined in the 2023-2024 GracePointe Christian Academy Parent/Student Handbooks . _____ **Initials** _____ **Initials**
14. **Effective date of the contract-** This contract will become effective with my/our signature(s) and the reservation and registration fee payment.

Signature of Parent or Guardian and/or Persons Financially Responsible

Signature of Parent or Guardian and/or Persons Financially Responsible

Signature of Person Financially Responsible

Signature of Director

Date: ____/____/____

Date: ____/____/____

Date: ____/____/____

Elementary Student Parent Questionnaire
2023-2024, School Year

For more writing space, please use a blank sheet

Name of Child _____ Grade _____
What name does your child go by? _____

We would like to know your child completely in order to best meet his/her needs individually. Please answer the following questions honestly.
All answers will remain confidential.

Please name the persons living at home and their relationship to the student.

NAME	RELATIONSHIP	AGE (if appropriate)

Is there a primary caregiver other than the parents? If so who, how frequently? _____

Has your child ever attended another school? _____

School name: _____

Dates: From ____/____/____ to ____/____/____

Why did you leave? _____

If your child **was not** attending GracePointe Christian Academy, what public elementary school would he/she be assigned to for your neighborhood school district? _____

What are the parents' occupations? *Annual Salary

Father: \$ _____

Mother: \$ _____

*Salary information is optional. This information is collected for requesting grant funds from various agencies and organizations.

Child's Ethnicity:

Asian ____ Black ____ Hispanic ____ Native American ____

Caucasian ____ Other _____

What is the primary language spoken at home? _____

Please list 3 words that describe your child: _____, _____, _____

What strengths does your child have? _____

Please list any concerns you have about your child's development _____

Does your child play well alone? _____ in groups? _____

Please describe any situations that we might need to be made aware of to help make your child's adjustment and experience here the very best it can be? _____

What form of behavior control do you use with your child? _____

Does your child have any problems with vision, hearing or speech? _____ if yes, please explain _____

Is your child's speech clear? _____

Please list any serious accidents or surgeries your child has had _____

Does your child often have medical problems such as:

- | | | |
|----------------------|---------------------------|-------------------------------|
| _____ colds | _____ constipation | _____ nose bleeds |
| _____ ear infections | _____ hay fever/allergies | _____ heart trouble |
| _____ upset stomach | _____ diarrhea | _____ nightmares |
| _____ fever | _____ asthma | _____ others (please explain) |

Does your child take any medications regularly? _____ please list any medications, dosages, and times _____

Are there any other unusual things we should know about? (i.e.: fear of dogs, fear of loud noises, unaccustomed to playing with other children etc.) _____

In the last six to twelve months have there been any life changing circumstances in your child's life? _____

Please describe your family's church background _____

What do you hope your child will learn in school this year? _____

Please let us know if there are any changes during the school year. For example; new baby, death in the family, divorce, grandparents coming to live in the home etc. These events can greatly influence your child's behavior, and we appreciate being kept informed.

Parent Signature _____ Date _____



SUNSCREEN APPLICATION PERMISSION FORM

This applies to the 2023-2024, School Year

Name of Child: _____

As the parent or guardian of the above child, I give permission for faculty and staff at GracePointe Christian Academy to apply a sunscreen product of SPF 15 or higher to my child, as specified below, when he/she is engaging in outdoor activities during the months of August to May and between the daily times of 10:30 to 12:00 noon. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms, and legs.

Additionally, I have checked and/or indicated below my directives regarding the type and application of sunscreen:

_____ The GracePointe Staff may use the sunscreen of their choice in keeping with applicable federal and state standards.

_____ Only use the following type(s)/SPF sunscreen (provided by the parent):

Name of sunscreen _____

_____ For medical or other reasons, please don't apply sunscreen to the following areas of my child's body:

Parent's full name (print) _____

Parent's signature: _____ Date: _____

FRAGILE

HANDLE WITH CARE

If your household is experiencing difficulties for any reason, we would like to provide extra support for your child here at GracePointe. If your child has had a rough night, weekend, or morning, or if a situation has arisen where your child may not be themselves, please write **"Handle with Care."**

in an email.

We understand you may not wish to go into detail regarding the situation, and that's ok. Nothing else needs to be said, and we will not ask unless you wish to share. This will let me know if your child may need extra attention, time, patience, or help during the day.

Simply email Mrs. La Roque at lisa@gracepointetucson.org

GALATIANS 6:2

"Carry each other's burdens, and so you will fulfill the law of Christ."



GracePointe Christian Academy
5757 W. Ajo Highway
Tucson, Arizona 85735
520-578-3249(O)
520-578-3487(F)

Tuition Policy

Our School Board has set Elementary Tuition this year at \$5,000.00 for the ten-month school year. As stated in our contract, it is broken down into ten payments of \$500.00 per month. **THIS MONTHLY AMOUNT IS NOT BASED ON A DAILY RATE.** It is simply the 2023-2024, school year tuition. We do not deduct the tuition rate for any reason other than withdrawal. This rate includes scheduled days off, holidays, child absences (excused or unexcused), staff training days, or any unforeseen school closure. As a courtesy to GracePointe Parents, we have divided the tuition into monthly rates to allow parents to afford to bring their child to our Christian School and receive a quality education. The GracePointe School Board has set forth this yearly rate and policy.

2023-2024, GracePointe T-Shirt Order Form

Get your new GracePointe t-shirts for the new school year. They are \$20 per shirt.

Student Name: _____

Phone Number: _____

Class Name: _____

Shirt Sizes: _____

Youth

X-Small (2-4) _____

Small (6-8) _____

Medium (10-12) _____

Large (14-16) _____

X Large (18-20) _____

Adult

Small _____

Medium _____

Large _____

X Large _____

2X Large _____

***Please remit with payment to the front office**

Dear Parents,

From time to time, we would like to allow our students to watch a movie. We only do this on special occasions. Many of the children's movies that are current and relevant to the times are now rated PG instead of G. We would like to have your permission to show these PG-rated movies to your child. If you have any questions, please feel free to ask.

By signing this form, you are authorizing GracePointe Christian Academy to show your child a PG-rated movie.

Childs Name: _____

Parent Signature: _____

Date: _____