



# VERDE VALLEY CHRISTIAN SCHOOL

A MINISTRY OF VERDE BAPTIST CHURCH

Dr. Robb Williams, Senior Pastor  
Mr. Ben Russel, School Administrator

**CHRISTIAN EDUCATION FOR STUDENTS PRESCHOOL THROUGH FIFTH GRADE**

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

HOW DID YOU HEAR ABOUT VVCS

- WEBSITE/NEWSPAPER
- FAMILY/FRIEND-NAME \_\_\_\_\_
- OTHER \_\_\_\_\_

## ENROLLING YOUR STUDENT AT VVCS...

### 1. Schedule an Informational Visit (Optional)

Please call the school office at 928.634.8113 to schedule a tour of our campus or to speak with our School Administrator.

### 2. Complete the Student Enrollment Application

All forms listed below must be submitted before processing begins:

- Completed Application with first month's registration fee and school supply fee (*for Preschool and Extended Care only*)

First Month \$ \_\_\_\_\_ Yearly \$ \_\_\_\_\_

Registration Fee \$ \_\_\_\_\_ Supply Fee \$ \_\_\_\_\_

- Birth Certificate (Copy)
- Immunization Record (Copy)
- An Official Transcript for Transfer Students

### 3. Principal Interview

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

Phone: 928.634.8113  
E-mail: [verdevalleycs.com](mailto:verdevalleycs.com)  
Web: [admissions@verdevalleycs.com](mailto:admissions@verdevalleycs.com)



# VERDE VALLEY CHRISTIAN SCHOOL

Preschool Through Fifth Grades

102 South Willard Street Cottonwood, AZ 86326  
928.634.8113 • verdevalleycs.com

For Office Use Only	
Date Rec'd	_____
Fee Paid	_____
Supply Fee	_____
Cash/Check #	_____
Birth Certificate	_____
Immunizations	_____
Transcripts Requested	_____

(Complete ALL information and include registration fee and supply fee with your application.)

Application is for:     Preschool Student         Elementary School Student

Please print or type.

## STUDENT INFORMATION

1. **Student's Name** \_\_\_\_\_  
Last    First    Middle    Nickname (if any)

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Street Number    City    State    Zip    Phone

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Entering Grade \_\_\_\_\_ Sex:  Male     Female

Primary Language in Home:  English     Spanish     Other \_\_\_\_\_

## PARENT (GUARDIAN) INFORMATION

2. **Father/Stepfather/Guardian Name** \_\_\_\_\_  
(Circle one)    Last    First    Middle Initial

Address (if different from student) \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
City    State    Zip

Employer \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Occupation \_\_\_\_\_ Email Address \_\_\_\_\_

Employer Address \_\_\_\_\_

3. **Mother/Stepmother/Guardian Name** \_\_\_\_\_  
(Circle one)    Last    First    Middle Initial

Address (if different from student) \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_

\_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
City    State    Zip

Employer \_\_\_\_\_ Work Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Occupation \_\_\_\_\_ Email Address \_\_\_\_\_

Employer Address \_\_\_\_\_

4. Student lives with:  Mother & Father     Mother     Father     Mother & Stepfather     Father & Stepmother  
 Other \_\_\_\_\_ Relationship \_\_\_\_\_

5. If parents are divorced or separated, where does the student primarily reside? \_\_\_\_\_  
Who has legal custody? \_\_\_\_\_

6. Name/age/school of other children in family:

1. \_\_\_\_\_  
Name    Age    School

2. \_\_\_\_\_  
Name    Age    School

3. \_\_\_\_\_  
Name    Age    School

## CHURCH / FAITH INFORMATION

7. 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 \_\_\_\_\_
8. Does **at least one parent/guardian** have a personal relationship with Jesus Christ?  Yes  No  
Respondent's Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
Please provide a personal testimony:
9. Is the student accustomed to daily Bible reading at home?  Yes  No
10. Does the student attend church or Sunday School?  Yes  No If yes, is it on a regular basis?  Yes  No
11. Does the student have a personal relationship with Jesus Christ?  Yes  No

## ATTITUDE INFORMATION

### ATTITUDINAL ADMISSION CRITERIA

- ◆ Satisfactorily interviews with Verde Valley Christian School Administrator.
- ◆ Parents/students have an understanding and commitment to following Verde Valley Christian School's policies and procedures.

12. 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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13. Has the student ever been suspended?  Yes  No Been expelled or asked to withdraw?  Yes  No
14. Please rate the student's interest in attending VVCS: (circle one) 0=none, 10=very interested 0 1 2 3 4 5 6 7 8 9 10

## ACADEMIC INFORMATION

### ACADEMIC ADMISSION CRITERIA

- ◆ Satisfactory academic performance at grade level (grades first—fifth).
- ◆ 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.

15. Has the student ever failed a grade?  Yes  No If yes, please state grade and date \_\_\_\_\_  
Reason:
16. Does the student have a learning disability?  Yes  No

17. Has the student been in a resource classroom for educational support?     Yes     No
18. Has the student received any academic awards?     Yes     No    If yes, please attach a copy.

**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 Valley Christian School 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 no refund or registration fee nor monthly tuition will be made. A prorated refund will be provided for tuition payments made in advance.

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*Signature of Parent or Legal Guardian*

*Date*

**Racial Non-Discrimination Statement**

Verde Valley Christian School makes no distinction in its admission educational services on the grounds of race, color, or national origin.

***PRESCHOOL AND KINDERGARTEN STUDENTS ONLY***





# VERDE VALLEY CHRISTIAN SCHOOL

## Medical/Emergency Consent Forms

### STUDENT INFORMATION

Student \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Student Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Birth Date \_\_\_\_\_

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 \_\_\_\_\_

-over-

Permission for any School Related Function and  
Consent for Emergency Treatment and Medical Information Form



## VERDE VALLEY CHRISTIAN SCHOOL

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### 2015-2016 Tuition Schedule

#### PRESCHOOL THROUGH GRADE 5

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REGISTRATION FEE: New Students Only \$75.00

<u>Grade</u>	<u>Day/Hours</u>	<u>Tuition</u>	<u>Supply Fee</u>	<u>Total Due</u>
Pre-3	Mon., Wed., Fri. 8:00a.-11:30a.m.	\$1,900/year or \$190/month	\$50.00	\$1950.00
Pre-4	Monday-Friday 8:00a.m.-11:30a.m.	\$2,600/year or \$260/month	\$50.00	\$2,650.00
Kinder	Monday-Friday 8:00a.m.-3:00p.m.	\$4,500/year or \$450/month <b>*1/2 day optional available</b>	None	\$4,500.00
Grades 1-5	Monday-Friday	\$4,500/year or \$450.00	None	\$4,500.00
Afternoon	Monday-Friday	\$1,600/year* or \$160/month	\$50.00	\$1,650.00
Academy	Three days/week 11:30a.m.-3:00p.m.	\$1,450/year* or \$145/month	\$50.00	\$1,500.00

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

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

**ARIZONA TUITION TAX CREDIT MONEY CAN BE APPLIED TO ALL TUITION**

**With the exception of Preschool and Afternoon Academy**

**For More Information Tax Credit Brochures are Located on School Counter**