

Student Last Name:

Office Use Only:

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New Student Registration Packet 2025-2026

P.O. Box 2630

13325 S Tacna Rd

Arizona City, AZ 85123

Office (520) 494-8292

E-mail: Admin@AT1academy.org

2025-2026 School Fees

Registration

Non-Refundable Registration Fee: \$150 per family

Non-Refundable Late Registration Fee (After June 1st): \$175 per family

Note: All registration/fees must be paid by the parent at the time of registering. Parents with an ESA Scholarship can request reimbursement through their Class-Wallet account once their student is funded for that school year.

Financial Information

Kindergarten \$6,000/Year*

1st-5th Grade No Cost with ESA Funding or \$7,600/ Year*

ESA Processing Fees (\$16.50 per month)

Scholarships: After The One Christian Academy works with Empowerment scholarship Account and most of our families pay little to no tuition. It is the responsibility of the parent to meet all required paperwork requests and deadlines for scholarships. All families seeking financial assistance must meet with our Scholarship Coordinator before the registration process can be deemed completed.

ALL Students Qualify for Scholarship

Tuition: Monthly tuition payments are due by the fifth working day of each month. Typically these payments are divided over ten months, August through May. Tuition payments will begin the month that you enroll. Payments may be mailed or dropped off at the school office.

Payment Plans: Families will sign a financial contract after their student is accepted

- OPTION 1: One annual payment due on or before August 1, 2025 (5% discount)
- OPTION 2: Two annual payments due on or before August 1, 2025 and January 1, 2026
- OPTION 3: Ten monthly payments from August 1, 2025 to May 1, 2026

*Students With an IEP will have an increase in tuition payment due to the fact that they will require additional resources to be successful.

APPLICATION PROCESS

Registration Priorities

Applications should be submitted to the school on the following dates:

January 5th - May 31 Open

Enrollment June 1 – July 31 Late Enrollment

Enrollment Process

1. Pray that the Lord reveals His plan for your child. (Jeremiah 29:11)
2. Schedule Testing and Enrollment meeting.
3. Bring with you the following completed items/documents for your scheduled interview:
 - _____ Paid Application for Admission and Non-refundable Registration Fees
 - _____ Signed Student and Parent Commitment
 - _____ Completed Pastor Recommendation Form
 - _____ Signed Media Release
 - _____ Copy of Birth Certificate
 - _____ Copy of Current Immunization Records
 - _____ Copy of previous year report card
 - _____ Copy of completed scholarship applications
 - _____ Signed New Parent/Student Probation Agreement
4. Upon receipt of your completed application and placement test, the parent(s)/guardian(s) must schedule an interview that will include the student, parent(s)/guardian(s), and administrator.
5. We will make every attempt to contact you with your child's acceptance or denial within one week of your interview.

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

Student Application

After The One Academy is not staffed to handle students with severe learning disabilities or those with behavior issues. For your child's best interest, please be candid when you answer the following questions. If more than one child

is applying, please consider each one in your answers and specify the student if you answered yes.

Has anyone you are applying for ever been referred for or in the process of testing? Yes ____ No ____

Has anyone you are applying for ever been placed in a special program or received an IEP? Yes ____ No ____

If so, please provide the documentation supporting this with the application.

Has anyone you are applying for ever received any other special help or tutoring? Yes ____ No ____

Has anyone you are applying for ever repeated a grade? Yes ____ No ____ If so, which grade? ____

Has anyone you are applying for ever been suspended or expelled by a previous school? Yes ____ No ____

Has anyone you are applying for ever been involved in illegal activities or been arrested? Yes ____ No ____

Has anyone you are applying for ever seen a counselor/doctor/psychiatrist for any type of social, behavioral, or mental issues?

Yes ____ No ____ If "Yes", briefly describe the nature of the issue: _____

Has anyone you are applying for ever been diagnosed as having hyperactivity, ADHD, or ADD? Yes ____ No ____

Do you suspect or have you been told that your child has dyslexia? Yes ____ No ____

What special honors or awards has your child received? _____

Educational Philosophy:

Why do you want your child to attend After The One Academy?

How did you hear about After The One Academy?

_____ Do you know of families who attend After

The One Academy? If so, please list: _____ If a conflict arises between you

(or your child) and the classroom teacher, an administrator, or the After The One Academy board, how would you attempt to

resolve it? _____ Which virtues would you

most like your child to exhibit? _____ If you found that your

child was sinking academically, how would you respond? _____

Should a grade of "C" be a cause for praise if a student is working to the best of his/her potential? Why or why not?

How do you promote spiritual values in your home? _____

Student Application

Date: _____

Student's Full Name: _____ Sex: ____ Age: ____ DOB: __/__/____ Grade Entering: ____

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Student's Full Name: _____ Sex: ____ Age: ____ DOB: __/__/____ Grade Entering: ____

(Age requirements: Kindergarten students must be 5 years old by October 1st. See administrator for exceptions.)

Contact Information:

Home Address: _____ City/State/Zip _____

Primary Phone & Name: (____) _____

Secondary Phone & Name: (____) _____

Primary E-mail: _____ Secondary E-mail: _____

Father's Name: _____ Business Phone: (____) _____

Place of Employment: _____ Position: _____

Mother's Name: _____ Business Phone: (____) _____

Place of Employment: _____ Position: _____

Student lives with (Please circle one):

Parents

Natural Mother

Natural Father

Legal Guardian

Grandparents

Church Background

Church: _____ Pastor: _____

How many years / months have you attended? _____ Are you or your spouse involved in any areas of service or Ministry (please list)? _____

Educational History:

Please list the school your child last attended or is currently attending.

Name of Student: _____ School: _____

City/State of School: _____ Teacher/Grade: _____

Name of Student: _____ School: _____

City/State of School: _____ Teacher/Grade: _____

Student Application

EMERGENCY CONTACT INFORMATION:

Please list the names of two people who will be your student's emergency contact. The people listed below will be allowed to check your child out of school in **the event that a parent cannot be reached** when there is an emergency or illness, etc. concerning your child. Please note that if you give your carpool number out, you are giving full permission for that individual to pick up your student(s).

Name _____ Relationship _____

Home # _____ Work # _____ Cell # _____

Name _____ Relationship _____

Home # _____ Work # _____ Cell # _____

The following may **NOT** remove my child from the facility:

Name(s) _____

If you have any legal documentation for your student please provide with this application.

Does your student have any medical problems, food allergies or medications? If so, please explain: _____

All effort will be made to reach a parent in the case of a medical emergency, but in the event that a parent or emergency contact cannot be reached we will do whatever is necessary to guarantee the medical wellbeing of your student.

I give permission for a After The One Christian Academy representative to administer basic first aid, call 911 and/or administer CPR when deemed necessary. They may transport this student to the nearest hospital and I will assume full responsibility for all charges related to the above. YES NO

MEDICATION CONSENT

- I give permission for a After The One Christian Academy representative to administer medication, such as the following non-prescription medications (circle, delete, or add approved items): Tylenol, Ibuprofen, Pepto, Throat/Cough drops, Neosporin, Hydrocortisone

OR

- No medication will be given to my child by school personnel.

I certify that this application is correct. I understand my financial commitment and accept the due dates selected for payments. I agree to faithfully meet my obligations to the school.

Date _____ Parent or Guardian: _____

Commitments and Covenants

STAFF COMMITMENT

| | |
|-------|---|
| AT1CA | We commit to do our best to teach our students, utilizing a classical approach in the context of a Christian worldview. |
| AT1CA | We commit to maintain a classroom environment that will be conducive to learning. |
| AT1CA | We commit to take every opportunity to encourage, inspire and exhort our students. |
| AT1CA | We commit to be a Christian example on and off campus and to encourage our students in the way of the Lord. |
| AT1CA | We commit to regularly pray for and with our students. |
| AT1CA | We commit to faithfully serve and minister to the needs of our students. |

STUDENT COMMITMENT

Please have student read and initial each item.

| | |
|--|--|
| | I will accept the discipline of the staff in all matters of classroom and behavioral conduct. |
| | I will give my best good faith effort to be engaged in my classes and fulfill my homework obligations, completing each task to the best of my ability. |
| | I will attend and support school activities, including field trips conducted during school hours. |
| | I will attend school regularly, unless I am ill or have sought proper consent. |
| | I will live a life that brings honor and glory to God, to my parents and to my school. |
| | I will honor and respect my teachers and faithfully observe all classroom rules set forth by my teachers. |
| | I will honor and obey my parents in the Lord. |

Student Signature: _____ Print: _____ Date: _____

| PARENT COMMITMENT | |
|---|--|
| Please read and initial each item. | |
| | We accept the challenge to “train up a child in the way he should go,” (Prov. 22:6). We commit to fulfill this training in our home and work in partnership with After The One Christian Academy to the same end at school. |
| | We will provide spiritual guidance through regular church attendance, prayer, and Bible reading at home (Deut. 6:1-7). |
| | We realize that building a strong relationship with our child’s teachers to aid in the training of our child is as much our responsibility as it is the school’s responsibility. We will endeavor to maintain open communication with our child’s teachers. We will be faithful to read and follow through with all correspondence sent from AT1CA teachers (Eph 4:3). |
| | We will cooperate fully with AT1CA. We will support each teacher and uphold school policies in front of our children and others. We will bring any and all questions of criticisms directly to the appropriate staff member so that they may be properly resolved with discretion, quietly and respectfully and/or considered by those in authority (Matt 18:15-20). |
| | We will support the school’s discipline plan and give the teachers and administrators full discretion in the discipline of our child (Prov. 3:11). |
| | We will make sure that our child attends school daily and is on time (Prov. 13:4). |
| | We agree to uphold and support high academic standards by providing a place at home to study and to encourage the completion of homework assignments. |
| | We agree that any personal property brought to AT1CA will be the sole responsibility of the student/owner. We will not hold AT1CA, other students, or other parents responsible for damage to our student’s personal property while at AT1CA. |
| | We commit to the best of our ability, to attend the Parent/Principal meetings at the beginning of the school year and attend Parent/Teacher Conferences as regularly as possible. |
| | We agree to forfeit the privilege of our child attending school should we fail to comply with the established regulations, discipline, and financial obligations of After The One Christian Academy. |
| | We understand the school has full discretion concerning the grade placement of our child. |
| | We will faithfully and promptly pay our tuition costs according to the payment plan selected. We will abide by the financial policies on the Financial Contract. |

As a private school AT1CA needs the active participation of parents on a regular basis. We request the parents of students attending After The One Christian Academy be actively involved in volunteer work (at least 12 hours per family per year) either through classroom participation, office assistance, facility maintenance, special activities, fund raising, on-campus prayer, etc. Please list the areas of your preferred involvement in the following categories:

TIME: _____ TALENT(S): _____

Please check at least one of the following:

- Academic
 Clerical
 Special Events
 Maintenance/
Landscaping
 Spiritual
 Other _____

TREASURES/GIFTS (Financial or otherwise): _____

By signing this application, I agree with the Statement of Faith and Purpose of After The One Christian Academy. I agree to fully support the school board, administration and faculty. I have read and understood the Parent Handbook of AT1CA, and as a parent will, to the best of my abilities, support and uphold the AT1CA policies for myself and my children.

Father Signature: _____ Print: _____ Date: _____

Mother Signature: _____ Print: _____ Date: _____

Media Release

Return to Office

Authorization for Picture and Name Use on Multiple Media Platforms

Student/s Name _____

Grade _____

Authorization for Picture and Name Use on Internet:

- I authorize After The One Christian Academy to use my child's picture and first name on the School's Website, Newsletter, and Social Media (Facebook and Instagram).
By checking here you also give us authority to publish work that may be produced by your child. This may include writing and artwork. Children's last names will NOT be used.

OR

- I **DO NOT** authorize After The One Christian Academy to use my child's picture and first name on the School's Website, Newsletter, and Social Media.

Authorization for Picture and Name Use in newspaper, marketing material & other media:

- I authorize After The One Christian Academy to allow my child's picture and name in the newspaper, on marketing materials, and in other forms of media.
By checking here you also give us authority to publish work that may be produced by your child. This may include writing and artwork.

OR

- I **DO NOT** authorize After The One Christian Academy to use my child's picture and name in the newspaper, on marketing materials, and in other forms of media.

*AT1CA is not responsible for other families taking pictures of your students and/ posting them on social media.

Signature: _____

Date: _____

New Parent/Student Probation Agreement

The AT1CA Faculty and Staff are committed to help parents and students succeed in their academic and spiritual development while attending After The One. We believe that an excellent 'start' is vital for a successful 'end'. Because of this we are committed to work with new parents and students at the beginning of the school year to help them make the transition into classical Christian education.

The New Parent/Student probationary period provides an adequate season of time (1st Quarter) to adjust to the responsibilities and rigor of AT1CA. By signing this agreement the parent and student agrees to be assessed and assisted as needed, in the following areas:

Student

- Academic Progress
- Behavior
- Fulfilling the Student Commitment
- Church Involvement

Parent

- Parent/Teacher Partnership
- Student Support
- Fulfilling the Parent Commitment
- Church Involvement

We accept this probationary period and are committed to work in partnership with our student's teacher(s) and make adjustments as needed.

Parent _____
Print Name Signature Date

Student _____
Print Name Signature Date