

# CALVARY CHRISTIAN ACADEMY

A Ministry of Calvary Aurora  
18900 E. Hampden Avenue, Aurora, CO 80013  
303.628.7200 • info@calvaryacademyaurora.org



## APPLICATION CHECKLIST • 2016/2017

### CHECKLIST

**OPEN ENROLLMENT TO CALVARY CHRISTIAN ACADEMY:** Completed applications will be accepted on a first-come, first-served basis.

1. All applications will be considered.
2. Calvary Christian Academy (CCA) will call to schedule student testing (this will demonstrate curriculum readiness) and the family interview upon receipt of completed applications.
3. An incomplete enrollment application packet will not be processed immediately, and will be placed at the end of the queue until all documents and registration fee(s) are received.

### SUBMIT THESE ITEMS:

- ☐ **Enrollment Application:** Please complete this form completely and accurately.
- ☐ **Birth Certificate:** A copy of the student's original birth certificate is required for new enrollments only.
- ☐ **School Recommendation:** Please send this form to your student's current or most recent school. This form is to be returned directly by that school.
- ☐ **Church Leader Recommendation:** Please schedule a 15-minute appointment with your pastor or other church leader that you serve with. If you do not have a pastoral relationship, please call Calvary Chapel Aurora and schedule a school appointment with one of our assistant pastors. This form is to be returned directly to the school.
- ☐ **Current Photograph of your entire family** with member names written on the back in non-smear ink. This photo helps us for a variety of reasons, including security.
- ☐ **Current and Complete Immunization Record**, signed by authorized medical personnel.
- ☐ **Current Report Card/Progress Report** (except students entering Jr. Kindergarten or Kindergarten)
- ☐ **Current or most recent standardized test (SAT10, CSAP, Iowa) scores or other assessments** (except students entering Grade 3 and below)
- ☐ **Registration Fee:** The registration fee must be paid by check or money order, payable to Calvary Christian Academy.

*Calvary 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, athletic and other school-administered programs, nor in the hiring of faculty or administrative staff. It does, however, screen applicants and personnel on the basis of Christian faith and lifestyle, character, and academic ability.*

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## ENROLLMENT APPLICATION • 2016/2017

Please write clearly. Please be as thorough as possible. Original applications are preferred. One student per application. Return completed application and other documents (See application checklist) to the school office with the registration fee. Incomplete packets will not be processed.

Student Profile Information					
<b>GRADE</b> <input type="checkbox"/> Jr. Kindergarten <sup>1</sup> <input type="checkbox"/> Kindergarten <sup>2</sup> <input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 4 <input type="checkbox"/> Grade 5 <input type="checkbox"/> Grade 6 <input type="checkbox"/> Grade 7 <input type="checkbox"/> Grade 8	STUDENT LEGAL NAME (LAST, FIRST, MIDDLE)			NICKNAME	
	GENDER	DATE OF BIRTH	PRIMARY LANGUAGE SPOKEN AT HOME		
	<input type="checkbox"/> Male <input type="checkbox"/> Female				
	STUDENT IS LIVING WITH		Are there unique, blended, or restricted family situations?		HEALTH: List any specific health concerns (asthma, allergies, seizures, medication) that may require special attention.
	<input type="checkbox"/> Both parents in the same home <input type="checkbox"/> Father only <input type="checkbox"/> Mother only <input type="checkbox"/> Shared <input type="checkbox"/> Guardian		<input type="checkbox"/> Yes <input type="checkbox"/> No Please attach a description of the conditions on a separate piece of paper.		
Family Information					
HOME STREET ADDRESS			CITY	STATE	ZIP
Parent 1			Parent 2		
NAME <input type="checkbox"/> Primary/Emergency Contact			NAME <input type="checkbox"/> Primary/Emergency Contact		
RELATIONSHIP TO STUDENT			RELATIONSHIP TO STUDENT		
EMPLOYER & OCCUPATION			EMPLOYER & OCCUPATION		
HOME ADDRESS (if different than student)			HOME ADDRESS (if different than student)		
E-MAIL ADDRESS			E-MAIL ADDRESS		
HOME PHONE	CELL PHONE	WORK PHONE	HOME PHONE	CELL PHONE	WORK PHONE
DATE OF BIRTH	DRIVER'S LICENSE / STATE OF ISSUE		DATE OF BIRTH	DRIVER'S LICENSE / STATE OF ISSUE	
List Other Children In Your Family					
NAME _____		AGE/GRADE _____	SCHOOL _____		
NAME _____		AGE/GRADE _____	SCHOOL _____		
NAME _____		AGE/GRADE _____	SCHOOL _____		
NAME _____		AGE/GRADE _____	SCHOOL _____		

<sup>1</sup> Students entering Jr. Kindergarten must be 4 years old on or before August 31, 2015.

<sup>2</sup> Students entering Kindergarten must be 5 years old on or before August 31, 2015.

## Church/Worship Information

NAME OF CHURCH FAMILY/STUDENT ATTENDS	PASTOR	DENOMINATION
CHURCH ADDRESS		CHURCH PHONE

IS FATHER A BORN-AGAIN BELIEVER? ☐ Yes ☐ No  
 IS MOTHER A BORN-AGAIN BELIEVER? ☐ Yes ☐ No

HAS STUDENT EVER MADE A PROFESSION OF FAITH? ☐ Yes ☐ No

### Belief Statement

*PARENTS: In the space provided below, briefly share about your personal relationship with Jesus Christ, where you go to church and your involvement, if any, in that church. Please briefly share your beliefs regarding the Bible, Jesus Christ, Christianity and your Christian experience. Please indicate when you received Jesus as your personal Lord and Savior. Use additional paper if necessary. Please type or print carefully. STUDENTS ENTERING GRADE 5 OR HIGHER: Answer the questions below.*

#### PARENT 1

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#### PARENT 2

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#### HOW WOULD YOU DESCRIBE YOUR STUDENT'S SPIRITUAL LIFE?

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**STUDENTS ENTERING GRADE 5 or HIGHER:** *In your own handwriting, please write one paragraph and explain your current relationship with Jesus Christ.*

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☐ **Yes**, I want to attend Calvary Christian Academy ☐ **No**, I do not want to attend Calvary Christian Academy. *Please explain your answer below:*

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#### DESCRIBE YOUR FAMILY'S TIME FOR PRAYER, BIBLE READING, & DEVOTIONS:

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## Student Academic Information

<b>SCHOOL LAST ATTENDED</b>	<b>CURRENT GRADE LEVEL</b>
<b>SCHOOL ADDRESS</b> <i>(include City, State, ZIP)</i>	<b>SCHOOL PHONE</b>
<b>OTHER SCHOOL(S) ATTENDED, DATES ATTENDED, AND REASONS FOR TRANSFER</b>	
SCHOOL _____	DATES ATTENDED _____
SCHOOL _____	DATES ATTENDED _____
SCHOOL _____	DATES ATTENDED _____
REASON FOR TRANSFER _____ REASON FOR TRANSFER _____ REASON FOR TRANSFER _____	
1. If this student is home-schooled, please provide the name of any person or organization that is being used to evaluate the student: _____	
2. May this student re-enroll at this previous school? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____ _____	
3. Has this student ever been under academic or disciplinary suspension, disqualification, expulsion, dismissed, refused admission, or similar action at any school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____	
4. Has this student experienced difficulties in a previous or current school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____	
5. Does the student have any behavioral or learning difficulties that you are aware of? Please be specific: _____ _____	
6. Indicate the level of this student's previous academic work: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Poor Please list any subject areas he/she has had difficulty in. _____	
7. Has this student ever received <input type="checkbox"/> Tutoring? <input type="checkbox"/> Speech Therapy? <input type="checkbox"/> Remediation? <input type="checkbox"/> Psychological Evaluation? <input type="checkbox"/> Therapy? <input type="checkbox"/> Other? (please list) _____	
8. Has this student ever been identified through testing in any area as: <input type="checkbox"/> Exceptional <input type="checkbox"/> Gifted <input type="checkbox"/> Talented	
9. Is this student currently on an Individualized Education Plan (IEP)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____	
10. Has this student ever skipped or repeated a grade? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____ _____	
<b>BRIEFLY DESCRIBE YOUR STUDENT'S CHARACTER, PERSONALITY, TASTE, AND INTERESTS:</b>	
_____ _____ _____ _____ _____ _____	
<b>WHAT DO YOU SEE AS THE PARENT'S ROLE IN THEIR STUDENT'S EDUCATION?</b>	
_____ _____ _____ _____ _____	
<b>WHY ARE YOU SEEKING A CHRISTIAN EDUCATION FOR THIS STUDENT? WHY CALVARY CHRISTIAN ACADEMY?</b>	
_____ _____ _____ _____ _____ _____	

PLEASE PROVIDE ANY ADDITIONAL INFORMATION ABOUT YOUR STUDENT YOU WOULD LIKE CONSIDERED DURING THE ADMISSIONS PROCESS:

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### Eligibility Requirements and Acknowledgement

Calvary Christian Academy is a Christ-centered school with Christian educational goals and objectives. We intend to encourage and enable students to receive all that God has for them spiritually, academically, physically, and socially. We recognize this to be the primary responsibility of parents and for this reason, we believe the close cooperation of school and family is essential. We rely seriously upon the fact that your signature below affirms your support of our goals and purposes as a Christian school as they relate to the instruction of your child.

I have read and understand the following requirements for admission into Calvary Christian Academy.

1. The primary custodial parent must be a born-again believer in Jesus Christ, and living a life that is pleasing to God. See *handbook for admissions eligibility*.
2. Student and parents understand, agree, and expect to hear about Jesus Christ.
3. Student must complete a curriculum readiness examination, administered by the school.
4. Student must have a satisfactory citizenship record in the school they are presently attending.
5. Student and parent will be asked to interview with school administration. Final approval of admission is not given until AFTER the application packet is processed and the interview completed.
6. If accepted for enrollment, an Enrollment Agreement (contract) will be required. If the executed contract is not returned prior to the start of school for any reason, attendance in class will constitute full agreement with the conditions contained therein.
7. An incomplete admissions packet will not be processed immediately, and will be placed at the end of the queue until all documents and registration fee(s) are received.

\_\_\_\_\_  
PARENT'S NAME (PLEASE PRINT)

\_\_\_\_\_  
PARENT'S NAME (PLEASE PRINT)

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STUDENT'S NAME (ENTERING GRADE 5 & HIGHER: PLEASE PRINT)

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
DATE

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## SCHOOL RECOMMENDATION • 2016/2017

### Student Profile Information

<b>GRADE</b> <input type="checkbox"/> Jr. Kindergarten <input type="checkbox"/> Grade 4 <input type="checkbox"/> Kindergarten <input type="checkbox"/> Grade 5 <input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 6 <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 7 <input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 8	<b>STUDENT LEGAL NAME (LAST, FIRST, MIDDLE)</b>  <b>DATE OF BIRTH</b>	<b>NICKNAME</b>  <b>GENDER</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
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Dear Parent/Guardian,

Please read and sign the statement below before giving this form to your student's most recent school. The previous school must mail this form back to us before the enrollment process is complete.

I understand and agree that the information on this form will only be used for enrollment purposes, and will not become part of my student's permanent record. I also understand that the completed form will be kept confidential, and I, as the parent, will not have access to it. By signing I acknowledge this document to be a confidential piece of my student's cumulative file.

\_\_\_\_\_  
PARENT/GUARDIAN NAME (PLEASE PRINT)

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE & DATE

Dear Teacher/Administrator,

The above-named student has applied for enrollment with Calvary Christian Academy for the upcoming school year. Please help us serve this student better by candidly completing both sides of the following appraisal and returning it to us as soon as possible to the address below. If sending by FAX, please mail the original as well. Thank you very much for your help.

#### Admissions

Calvary Christian Academy  
18900 E. Hampden Avenue  
Aurora, CO 80013

Phone: 303.628.7200  
FAX: 303.628.7205

### Student Information

<b>HOW LONG HAVE YOU KNOWN THIS STUDENT?</b>				<b>NICKNAME (KNOWN BY, AT YOUR SCHOOL)</b>	
<b>HOW OFTEN DO YOU HAVE CONTACT WITH THIS STUDENT?</b>				<b>CURRENT GRADE:</b>	
<b>CHARACTER &amp; CITIZENSHIP</b>	<b>EXCELLENT</b>	<b>GOOD</b>	<b>FAIR</b>	<b>POOR</b>	<b>REMARKS</b>
Attendance					
Timeliness & Punctuality					
Attitude towards authority					
Attitude of student toward peers					
Attitude of peers toward student					
Conduct/Disciplinary Record					
Participation/Cooperation					
Responsibility/Initiative					
Trustworthiness/Maturity					
Leadership					

PLEASE NOTE ANY AREA OF CONCERN WITH THE STUDENT'S CHARACTER OR CITIZENSHIP:

#### ACADEMICS

Aptitude in Math

Aptitude in Reading

Aptitude in the Arts

ABOVE  
GRADE  
LEVEL

SOME  
SUBJECTS  
ABOVE  
GRADE  
LEVEL

AT GRADE  
LEVEL

SOME  
SUBJECTS  
BELOW  
GRADE  
LEVEL

BELOW  
GRADE  
LEVEL

REMARKS

PLEASE COMMENT ON THE STUDENT'S STRENGTHS:

PLEASE NOTE ANY AREA OF CONCERN WITH THE STUDENT'S ACADEMICS:

#### Family Information

##### FAMILY

EXCELLENT

GOOD

FAIR

POOR

REMARKS

Environment

Parent Participation with School

Parent Cooperation with School

Timeliness of Meeting Obligations with School

PLEASE NOTE ANY AREA OF CONCERN WITH THE FAMILY (challenges, parent cooperation with the teachers/school, other pertinent information of which we should be made aware):

#### Recommendation

- ☐ I enthusiastically recommend this student for enrollment at Calvary Christian Academy.  
☐ I recommend this student for enrollment at Calvary Christian Academy with some reservation. PLEASE EXPLAIN  
☐ I do not recommend this student for enrollment at Calvary Christian Academy. PLEASE EXPLAIN

This form must include the following information to be valid:

NAME OF PERSON COMPLETING THE FORM

TITLE

SIGNATURE

DATE

SCHOOL NAME AND ADDRESS

SCHOOL TELEPHONE

You may call me if you have any further questions about this student: ☐ Yes ☐ No

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## CHURCH LEADER RECOMMENDATION • 2016/2017

Student Profile Information		
<b>GRADE</b> <input type="checkbox"/> Jr. Kindergarten <input type="checkbox"/> Grade 4 <input type="checkbox"/> Kindergarten <input type="checkbox"/> Grade 5 <input type="checkbox"/> Grade 1 <input type="checkbox"/> Grade 6 <input type="checkbox"/> Grade 2 <input type="checkbox"/> Grade 7 <input type="checkbox"/> Grade 3 <input type="checkbox"/> Grade 8	<b>STUDENT LEGAL NAME (LAST, FIRST, MIDDLE)</b>	<b>NICKNAME</b>
	<b>DATE OF BIRTH</b>	<b>GENDER</b> <input type="checkbox"/> Male <input type="checkbox"/> Female

Dear Parent/Guardian,

Calvary Christian Academy is a Christ-centered school with Christian educational goals and objectives. We intend to encourage and enable students to receive all that God has for them spiritually, academically, physically, and socially. We recognize this to be the primary responsibility of parents and for this reason, we believe the close cooperation of school and family is essential. This questionnaire will help us get to know you better, particularly as it relates to your participation in worship services and ministry. Please read and sign the statement below before giving this form to your pastor, children's or youth pastor, or another church leader. This recommender should know your family, but should not be related to you. The church leader must mail this form back to us before the enrollment process is complete.

I understand and agree that the information on this form will only be used for enrollment purposes, and will not become part of my student's permanent record. I also understand that the completed form will be kept confidential. By signing I acknowledge this document to be a confidential piece of my student's cumulative file.

\_\_\_\_\_  
PARENT/GUARDIAN NAME (PLEASE PRINT)

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE & DATE

Dear Church Leader,

The above-named student has applied for enrollment with Calvary Christian Academy for the upcoming school year. It is our desire to receive information from you about the family prior to their acceptance. Would you assist us by answering the brief questionnaire below? Please feel free to make a copy of this questionnaire before returning it to us and share its contents with the family, if you so desire. Thank you very much for your help.

### Admissions

Calvary Christian Academy  
18900 E. Hampden Avenue  
Aurora, CO 80013

Phone: 303.628.7200

FAX: 303.628.7205

Family Information (to be completed by the parents)	
<b>FAMILY NAME</b>	<b>FAMILY HOME/PRIMARY TELEPHONE NUMBER</b>
<b>FATHER'S NAME</b>	<b>MOTHER'S NAME</b>
<b>HOME ADDRESS</b> (include city, state, ZIP)	
<b>CHURCH NAME</b>	<b>CHURCH TELEPHONE NUMBER</b>
<b>CHURCH ADDRESS</b> (include city, state, ZIP)	
<b>HOW LONG HAVE YOU ATTENDED?</b>	<b>WHAT SERVICES DO YOU REGULARLY ATTEND?</b> <input type="checkbox"/> Weekly <input type="checkbox"/> AM Worship <input type="checkbox"/> PM Worship <input type="checkbox"/> Midweek Services <input type="checkbox"/> Prayer Meetings <input type="checkbox"/> Small Group Fellowship <input type="checkbox"/> Children's/Youth Activities <input type="checkbox"/> Other _____



## Leader Recommendation (to be completed by the church leader)

DO YOU PERSONALLY KNOW THE FAMILY? ☐ Yes ☐ No

DO YOU BELIEVE AT LEAST ONE PARENT IS A BORN-AGAIN CHRISTIAN? ☐ Yes ☐ No

DESCRIBE THE PARENT'S RELATIONSHIP WITH THE LORD AND CURRENT FELLOWSHIP:

IS THE FAMILY ACTIVE IN THE WORK OF THE CHURCH? ☐ Yes ☐ No IF YES, PLEASE EXPLAIN::

### FAMILY

	EXCELLENT	GOOD	FAIR	POOR	REMARKS
Home Environment					
Parent Participation					
Parent Cooperation					

PLEASE NOTE ANY AREA OF CONCERN WITH THE FAMILY (challenges, parent cooperation with the teachers/school, other pertinent information of which we should be made aware):

## Student Evaluation

Please comment on the following as it relates to the student:

### CHARACTER & CITIZENSHIP

	EXCELLENT	GOOD	FAIR	POOR	REMARKS
Attendance					
Timeliness & Punctuality					
Attitude towards authority					
Attitude of student toward peers					
Attitude of peers toward student					
Conduct/Disciplinary Record					
Participation/Cooperation					
Responsibility/Initiative					
Trustworthiness/Maturity					
Leadership					

PLEASE COMMENT ON THE STUDENT'S STRENGTHS:

PLEASE NOTE ANY AREA OF CONCERN WITH THE STUDENT'S CHARACTER OR CITIZENSHIP:

## Recommendation

- ☐ I enthusiastically recommend this student for enrollment at Calvary Christian Academy.  
☐ I recommend this student for enrollment at Calvary Christian Academy with some reservation. PLEASE EXPLAIN  
☐ I do not recommend this student for enrollment at Calvary Christian Academy. PLEASE EXPLAIN

This form must include the following information to be valid:

NAME OF PERSON COMPLETING THE FORM

TITLE

SIGNATURE

DATE

You may call me if you have any further questions about this student: ☐ Yes ☐ No



COLORADO

Department of Public  
Health & Environment

January 2016

Dear Parents of Kindergarten-12th Grade Students in Colorado Schools (School Year 2016-17):

Immunizations are an important part of our children's and the community's health. Colorado law requires students attending a public, private or parochial school to be immunized against certain vaccine-preventable diseases. **The purpose of this letter is to remind parents about the need for back-to-school immunizations and to provide immunization information.** The chart on page 2 shows which vaccines are **required** for school attendance, along with **recommended** vaccines which provide more protection against vaccine-preventable disease. **There are no changes to the vaccines required from the previous school year.** It is helpful to share this letter with your child's healthcare provider or your local public health agency (LPHA) where your child receives immunizations.

Colorado follows the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices schedule. This schedule is approved by the American Academy of Pediatrics, the American Academy of Family Physicians and the American College of Obstetricians and Gynecologists. This is the immunization schedule which will best protect your child from vaccine-preventable diseases and is the national standard for health care providers who vaccinate your children. *Please note: In Spring 2016, it is anticipated the Colorado Board of Health will approve a recommendation that will require all students to receive their final doses of DTaP, Polio, MMR and Varicella (chicken pox) vaccine before kindergarten entry and one dose of Tdap vaccine before 6th grade entry.*

Starting **July 1, 2016**, parents/guardians seeking non-medical (religious or personal belief) exemptions for children in kindergarten-12<sup>th</sup> grade must submit non-medical exemption forms annually. Medical exemptions only need to be submitted once and require the signature of your child's doctor or advanced practice nurse. To submit a non-medical or medical exemption, go to [www.colorado.gov/vaccineexemption](http://www.colorado.gov/vaccineexemption) and follow the instructions. Children with an exemption may be kept out of school during a disease outbreak.

Parents may have questions or want more information about children's immunizations and vaccine safety. Resources for parents about the safety and importance of vaccines are available at: [www.ImmunizeForGood.com](http://www.ImmunizeForGood.com) and [www.colorado.gov/cdphe/immunization-education](http://www.colorado.gov/cdphe/immunization-education).

Colorado law requires schools to provide school-level immunization and exemption information to the Colorado Department of Public Health and Environment (CDPHE) by December 1, 2016. Immunization and exemption rates for each school will be posted on the CDPHE website as soon as they are verified. Many parents, especially those with children who can't be vaccinated due to a medical issue, may want to know which schools are best protected against vaccine preventable disease.

Please discuss your child's vaccination needs with your child's healthcare provider or LPHA and bring your child's updated immunization records to school each time your child receives an immunization. To find your LPHA or learn about free or low cost vaccines, call the Family Health Line at 1-303-692-2229 or 1-800-688-7777. **For questions about school immunization requirements, please contact your school.**

Sincerely,

Jamie D'Amico, RN, MSN, CNS  
CDPHE Immunization Branch - Schools and Community Coordinator  
303-692-2957 | [jamie.damico@state.co.us](mailto:jamie.damico@state.co.us)  
[www.coloradoimmunizations.com](http://www.coloradoimmunizations.com)



**MINIMUM NUMBER OF DOSES REQUIRED FOR CERTIFICATE OF IMMUNIZATION**  
Kindergarten through 12<sup>th</sup> grade: 2016-17 SY - Required for School Attendance

VACCINE	Number of Doses	Grades K-12 (4-18 Years of Age)
	<i>Vaccines administered ≤ 4 days before the minimum age are valid</i>	
<b>Diphtheria/Tetanus/Pertussis</b> <i>DTaP or DT only licensed through 6 yrs of age. (Tdap can be given as early as 7)</i>	5 to 6	5 DTaP or DT (if dose 4 was administered on or after the 4 <sup>th</sup> birthday, the requirement is met). The final dose of DTaP must be given no sooner than 4 years of age. Tdap is required at 6 <sup>th</sup> grade entry and through 12 <sup>th</sup>
<b>Tetanus/Diphtheria/Pertussis</b> <i>For students 7 years of age or older who did not have full series of DTaP or DT</i>	3 or 4	3 or 4 appropriately spaced tetanus/diphtheria containing vaccines (DTaP, DT, Td, Tdap). Intervals between doses include 4 wks between first 2 (or 3) doses and 6 mos between last 2 doses. (Note: If 1 <sup>st</sup> dose is given before 1 year of age, the student will need 4 doses).
<b>Polio (IPV)</b>	3 to 4	4 IPV (or 3 doses if 3 <sup>rd</sup> dose is given on or after 4 <sup>th</sup> birthday). Students who were compliant with 3 or 4 doses prior to August 7, 2010 have met the requirement if at least 4 weeks between doses.
<b>Measles/Mumps/Rubella (MMR)</b>	2	The 1 <sup>st</sup> dose cannot be administered more than 4 days before the 1 <sup>st</sup> birthday. 2 doses are required for students entering Kindergarten. (2 doses are required through 12 <sup>th</sup> grade).
<b>Varicella (Chickenpox)</b>	2	The 1 <sup>st</sup> dose cannot be administered more than 4 days before the 1 <sup>st</sup> birthday. 2 doses are required for students entering Kindergarten. (2 doses are required through 12 <sup>th</sup> grade). <i>Note: no vaccine required if there is documentation of chickenpox disease by a health care provider.</i>
<b>Hepatitis B</b>	3	The 2 <sup>nd</sup> dose must be administered at least 4 weeks after the first dose. The 3 <sup>rd</sup> dose must be administered at least 16 weeks after the 1 <sup>st</sup> dose and at least 8 weeks after the 2 <sup>nd</sup> dose. The final dose must be administered no sooner than 24 weeks of age. <i>Note: there is a specific 2-dose series is for ages 11-15 years only.</i>

**RECOMMENDED VACCINES FOR THE BEST PROTECTION AGAINST VACCINE-PREVENTABLE DISEASE**

VACCINE	Number of Doses	Grades K-12 (4-18 Years of Age) <i>Vaccines administered ≤ 4 days before the minimum age are valid</i>
<b>Influenza (Flu)</b>	1 to 2	2 doses initially if under 9 yrs of age with a minimum interval of 28 days between doses, then 1 dose annually, thereafter. Recommended for children 6 months of age and older.
<b>Meningococcal Meningitis (MCV)</b>	1 to 2	Adolescents 11-18 years of age
<b>Human Papillomavirus (HPV)</b>	3	Adolescents 11-18 years of age
<b>Hepatitis A (Hep A)</b>	2	All children 1 year of age and older

Immunization requirements will be strictly enforced for all students. Students who do not meet the requirements will be denied attendance according to Colorado Revised Statutes 25-4-902. There are three ways to be in compliance with the school immunization law:

1. Student's immunization record shows they are fully immunized with required vaccines. A laboratory test showing immunity is also acceptable.
2. For the student who is catching up on receiving required immunizations, the school will notify the parent/guardian that the student has 14 days to receive the required immunization(s) or to provide written documentation of the plan to receive the next required immunization(s) following the minimum intervals of the Advisory Committee on Immunization Practices (ACIP) schedule. If the plan is not completed, the student shall be excluded from school for non-compliance.
3. Valid medical exemption signed by a healthcare provider or non-medical exemption (religious or personal) submitted by a parent/guardian.



**COLORADO**  
Department of Public  
Health & Environment



## Certificate of Immunization

6 CCR 1009—The Infant Immunization Program and Immunization of Students Attending School  
Schools shall have on file an official Certificate of Immunization for every student enrolled.

**COLORADO LAW REQUIRES THAT THIS FORM BE COMPLETED FOR EACH STUDENT ATTENDING COLORADO SCHOOLS**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

### COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION

Vaccine		Enter the month, day and year each immunization was given						Titer Date
Hep B	Hepatitis B							
DTaP	Diphtheria, Tetanus, Pertussis (pediatric)							
DT	Diphtheria, Tetanus (pediatric)							
Tdap	Tetanus, Diphtheria, Pertussis							
Td	Tetanus, Diphtheria							
Hib	<i>Haemophilus influenzae</i> type b							
IPV/OPV	Polio							
PCV	Pneumococcal Conjugate							
MMR	Measles, Mumps, Rubella							
Measles	Measles							
Mumps	Mumps							
Rubella	Rubella							
Varicella	Chickenpox					Provider Documentation Date of Disease	Positive Screen Date	
Vaccines recorded below this line are recommended. Recording of dates is encouraged.								
HPV	Human Papillomavirus							
Rota	Rotavirus							
MCV4/MPSV 4	Meningococcal							
Hep A	Hepatitis A							
Flu	Influenza							
Other								

### THIS SECTION CAN BE COMPLETED BY CHILD CARE/SCHOOL/HEALTH CARE PROVIDER

<input type="checkbox"/> <b>A) Child Care Up to Date</b> Up to date through 6 months of age for Colorado School Immunization Requirements	Update Signature _____	Date _____
<input type="checkbox"/> <b>B) Child Care Up to Date</b> Up to date through 18 months of age for Colorado School Immunization Requirements	Update Signature _____	Date _____
<input type="checkbox"/> <b>C) Child Care/Pre-school/Pre-K*</b> Up to date for Child Care/Pre-School/Pre-K for Colorado School Immunization Requirements	Update Signature _____	Date _____
<input type="checkbox"/> <b>D) Complete for K–5th Grade</b> Up to date for K–5th Grade for Colorado School Immunization Requirements	Update Signature _____	Date _____

\* If age 4 years and fulfills Requirements for Pre-School & Kindergarten, check BOTH Boxes C and D.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

**STATEMENT OF EXEMPTION TO IMMUNIZATION LAW**  
**(DECLARACIÓN RESPECTO A LAS EXENCIONES DE LA LEY DE VACUNACIÓN)**

**IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE.**

**SI SE PRESENTA UN BROTE DE LA ENFERMEDAD, ES POSIBLE QUE A LAS PERSONAS EXENTAS SE LES PONGA EN CUARENTENA O SE LES EXCLUYA DE LA ESCUELA.**

**MEDICAL EXEMPTION:** The physical condition of the above named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.

**EXENCIÓN POR RAZONES MÉDICAS:** El estado de salud de la persona arriba citada es tal que la vacunación significa un riesgo para su salud o incluso su vida; o bien, las vacunas están contraindicadas debido a otros problemas de salud.

**Medical exemption to the following vaccine(s):**

**La exención por razones médicas aplica a la(s) siguiente(s) vacuna(s):**

☐ Hep B ☐ DTaP ☐ Tdap ☐ Hib ☐ IPV ☐ PCV ☐ MMR ☐ VAR

Signed (Firma) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_  
Physician (Médico)

**RELIGIOUS EXEMPTION:** Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.

**EXENCIÓN POR MOTIVOS RELIGIOSOS:** El padre o tutor de la persona arriba citada, o la persona misma, pertenece a una religión que se opone a la inmunización.

**Religious exemption to the following vaccine(s):**

**Exención por motivos religiosos de la(s) siguiente(s) vacuna(s):**

☐ Hep B ☐ DTaP ☐ Tdap ☐ Hib ☐ IPV ☐ PCV ☐ MMR ☐ VAR

Signed (Firma) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_  
Parent, guardian, emancipated student/consenting minor  
(Padre, tutor, estudiante emancipado o consentimiento del menor)

**PERSONAL EXEMPTION:** Parent or guardian of the above named person or the person himself/herself is an adherent to a personal belief opposed to immunizations.

**EXENCIÓN POR CREENCIAS PERSONALES:** Las creencias personales del padre o tutor de la persona arriba citada, o la persona misma, se oponen a la inmunización.

**Personal exemption to the following vaccine(s):**

**Exención por creencias personales de la(s) siguiente(s) vacuna(s):**

☐ Hep B ☐ DTaP ☐ Tdap ☐ Hib ☐ IPV ☐ PCV ☐ MMR ☐ VAR

Signed (Firma) \_\_\_\_\_ Date (Fecha) \_\_\_\_\_  
Parent, guardian, emancipated student/consenting minor  
(Padre, tutor, estudiante emancipado o consentimiento del menor)

# CALVARY CHRISTIAN ACADEMY

A Ministry of Calvary Aurora  
18900 E. Hampden Avenue, Aurora, CO 80013  
303.628.7200 • info@calvaryacademyaurora.org



## SCHEDULE OF TUITION & FEES • 2016/2017

### REGISTRATION FEE (due March 1 for re-enrollment or with new application; one per student) ..... \$35

The Registration Fee is a per student fee and must be submitted with the enrollment application. This fee secures your student's seat(s) in class during the admissions process. It is payable to Calvary Christian Academy and is **nonrefundable**.

### ENROLLMENT & INSTRUCTIONAL MATERIALS FEES (two installments: half due April 1; half due June 1) ..... \$395/\$575

The Enrollment Fee is a per student fee and is due upon acceptance to the school, and includes fees for field trips, activities, assessment, the use of textbooks, consumable workbooks, technology, and materials for enrichment programs, school yearbook, student accident insurance and many school supplies for the school year. This is a **nonrefundable** fee. This fee does not include extra charges a student may incur during the year such as special events, uniforms, or elective fees. *Students will not be permitted to attend class if the enrollment fee is not paid when due.* Jr. Kindergarten fee \$395; all other grades \$575.

### TUITION & INSTALLMENT PAYMENT OPTIONS

GRADE	OLDEST CHILD <sup>1</sup>	SIBLING DISCOUNTED TUITION <sup>1</sup>
Middle School (6-8)	\$4,500 annually (\$375 per month)	\$3,780 annually (\$315 per month)
Elementary (K5-5)	\$4,080 annually (\$340 per month)	\$3,432 annually (\$286 per month)
Jr. Kindergarten (K4)	\$4,680 annually (\$390 per month)	\$3,936 annually (\$328 per month)

The Academy charges an annual tuition and offers several installment plans. Full tuition is paid for the oldest student; discounts apply to younger siblings.

INSTALLMENT PAYMENT OPTIONS <sup>1</sup>		<sup>1</sup> Monthly installments calculated based on 12 months, starting in July
OPTION 1	Receive a 6% discount if tuition is paid in full by July 5. <i>This payment is made directly to the school.</i>	
OPTION 2	Receive a 4% discount if tuition is paid in two payments; 50% is paid on July 5 and 50% is paid on January 5. <i>Payments are made through the FACTS Tuition Management service. An annual service fee of \$20 (per family) will be charged by FACTS for this payment option.</i>	
OPTION 3	Twelve total payments; payments made monthly. Tuition payments are due on the 5 <sup>th</sup> or the 20 <sup>th</sup> of the month, from July through June.	
OPTION 4	Twenty-four total payments; payments made twice monthly. Tuition payments are due on the 5 <sup>th</sup> and the 20 <sup>th</sup> of the month, from July through June. <i>OPTIONS 3 &amp; 4: Payments are made through the FACTS Tuition Management service. An annual enrollment service fee of \$46 (per family) will be charged by FACTS for this payment option.</i>	

### EXTENDED CARE

Before and after school (extended) care is available to enrolled students only, and is available when school is in session. Charges are prorated based on actual usage. Before care opens at 6:30 AM; after care ends at 6:00 PM.

OPTION	RATE
Before and After school	\$4 per hour
Penalty - Late Pickup (After 6PM)	\$2 per minute

### MISCELLANEOUS FEES

Athletics/After School Enrichment Fee; varies by activity .....	Up to \$115
Activity or Physical Education (PE) Shirt (all sizes, student/parent) .....	\$10
School Logo Apparel – Hooded Sweatshirt, Navy or Red (all sizes) .....	\$20
Late Charge; charged monthly when scheduled tuition installments are not paid by the due date .....	\$35
Returned Payment Fee .....	\$30



JULY 2016						
S	M	T	W	T	F	S
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3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

AUGUST 2016						
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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

SEPTEMBER 2016						
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11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

## ACADEMIC CALENDAR IMPORTANT DATES

Jul 25-29	New Teacher Orientation
Aug 1	All Teachers Report
Aug 9	New Parent Orientation
Aug 16	Back to School Night (Bring Your Supplies)

### First Quarter (45 days)

Aug 17	First Day of School (All Grades)
Sep 1-2	Early Dismissal – 2:00 PM Parent/Teacher Conferences – Q1
Sep 5	NO SCHOOL – Labor Day
Sep 30	NO SCHOOL – Teacher in-service
Oct 21	NO SCHOOL – Teacher In-service
	<i>End of First Quarter</i>

### Second Quarter (34 days)

Oct 24-28	NO SCHOOL - Fall Break
Oct 31	NO SCHOOL – Teacher in-service
Nov 24-25	NO SCHOOL – Thanksgiving Holiday
Dec 1-2	Early Dismissal – 2:00 PM Parent/Teacher Conferences – Q2
Dec 21-30	NO SCHOOL – Christmas Holiday
	<i>End of Second Quarter</i>

### Third Quarter (47 days+ 9 assessment days)

Jan 2	NO SCHOOL – New Year's (Observed)
Jan 16	NO SCHOOL – MLK Day
Feb 20	NO SCHOOL – President's Day
Mar 2-3	Early Dismissal – 2:00 PM Parent/Teacher Conferences – Q3
Mar 13-23	Standardized Assessments
Mar 24	NO SCHOOL – Teacher In-service
Mar 27-31	NO SCHOOL - Spring Break
	<i>End of Third Quarter</i>

### Fourth Quarter (44 days)

April 16	Easter Sunday
May 4-5	Early Dismissal – 2:00 PM Parent/Teacher Conference – Q4
May 29	NO SCHOOL – Memorial Day
June 2	Last day of classes
	<i>End of Fourth Quarter</i>

Jun 9	Teacher Last Workday
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OCTOBER 2016						
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30	31					

NOVEMBER 2016						
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20	21	22	23	24	25	26
27	28	29	30			

DECEMBER 2016						
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25	26	27	28	29	30	31

JANUARY 2017						
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22	23	24	25	26	27	28
29	30	31				

FEBRUARY 2017						
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19	20	21	22	23	24	25
26	27	28				

MARCH 2017						
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19	20	21	22	23	24	25
26	27	28	29	30	31	

APRIL 2017						
S	M	T	W	T	F	S
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MAY 2017						
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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

JUNE 2017						
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11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

**SCHOOL HOURS:** 8:30 AM – 3:30 PM  
Lunch Hours: 11:00 AM – 1:00 PM

**BEFORE SCHOOL ACTIVITIES:**  
Opens at 6:30 AM

**AFTER SCHOOL ACTIVITIES:**  
Closes at 6:00PM

# CALVARY CHRISTIAN ACADEMY

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# 2016/2017

CALENDAR ADOPTED 01/2016

