

Young Disciples Christian Academy Student Application

Grade applying for: _____ Date of Application : _____ Student Social Security # : _____

1. Full legal name of student _____ Sex _____
LAST FIRST MIDDLE NICKNAME

2. Date of birth _____ Place of birth _____ Age _____
MO. DAY YR.

Check document submitted to verify birthdate for child. Birth certificate () Notarized statement ()
 Hospital statement () Passport or visa ()

Entering kindergarten or 1st grade Verified by _____
SCHOOL OFFICIAL

3. Home address _____ P.O.Box _____
NUMBER STREET
 _____ Telephone _____
CITY STATE ZIP

4. Student living with: Father () Mother () Stepfather () Stepmother () Other _____
SPECIFY

Legal names of those check in #3	Denom.affiliation & Church where membership held	Languages used at home	Occupation & Business phone	Email address

5. Is this student sponsored by an Adventist church member? Yes () No ()
 Is this student a baptized member of the Adventist church? Yes () No ()
 If yes, indicate year baptized _____ Church where membership is held _____

If student has some other church affiliation, specify _____

6. School last attended _____

7.

Names of other children in family	Sex	Age	Check if living at home	School child is attending

STUDENT APPLICATION

(Continued)

8. Has this student been previously identified as qualifying for a gifted education program? Yes () No ()

If yes, what kind? _____ When? _____

Where? _____ By whom? _____

9. Has this student been previously identified as qualifying for a special education program? Yes () No ()

If yes, what kind? _____ When? _____

Where? _____ By whom? _____

10. Does this student have an unpaid account at another school? Yes () No ()

If so, where? _____

11. Name and address of person(s) to whom financial statements are to be sent if different from that given in item #3.

NAME	ADDRESS	TELEPHONE	EMAIL

STUDENT CONTRACT:

I agree to uphold the school's regulations. I pledge my cooperation with and loyalty to the school and its employees. I will live in harmony with the school's Christian principles.

STUDENT SIGNATURE

DATE

PARENT CONTRACT:

I hereby agree to support school regulations and to help my child observe them, to supply physical examination reports for this student, a) entering school for the first time, b) at grade seven (this should include the scoliosis examination), c) at least once in grades nine through twelve, and d) at other grades, when required by the Board; and to accept all financial educational obligations for this student.

PARENT/GUARDIAN'S SIGNATURE

DATE

Young Disciples Christian Academy
630 W. 17th Place
Tempe, AZ 85281

Computer Acceptable Use Policy

Our school is pleased to offer their students access to a computer network for electronic mail and the Internet. To gain access to email and the Internet, both parent and student must sign and return this form to the school.

The Internet is a powerful resource for expanding the educational experience of each student. Access to email and the Internet will enable students to explore thousands of libraries, databases, and bulletin boards while exchanging messages with Internet users throughout the world. Unfortunately, it is true that some materials accessible via the Internet may contain items that are illegal, defamatory, inaccurate, or offensive. We believe, however, that the benefits to students in the form of information resources and opportunities for collaboration exceed any disadvantages and therefore support the school's choosing to make the Internet available to our students. But because ultimately, parents and guardians are responsible for setting and conveying the standards that their children should follow when using media and information sources, we respect each family's right to decide whether or not to apply for access. Since the network is provided for students to conduct research and communicate with others, access is given to students who agree to act in a considerate and responsible manner. Parental permission is required. Access is a privilege – not a right. Access entails responsibility. Students are responsible for Christian behavior and communication on the school computer network, just as they are anywhere on the school campus. It is presumed that users will comply with school standards and will honor the agreements they have signed. The school takes very seriously the responsibility for appropriate use of the network. School staff will guide students toward resources acceptable within the framework of the general school standards. If a student should access inappropriate material, the school will not be liable and the student will forfeit network privileges at this institution. Computer storage files will be treated like school lockers. School staff may review files and communications to maintain system integrity and ensure that users are using the system responsibly.

Students will adhere to Christian principles and will:

- Be responsible and courteous in all communications
- Be responsible with all computer hardware and software
- Keep their passwords to themselves
- Respect the confidentiality of folders, work, and files of others
- Learn about and observe copyright laws

Any activity not in accordance with these general rules may result in a loss of access as well as other disciplinary or legal action.

User Agreement and Parent Permission Form

As a user of the school's computer network, I agree to comply with the above stated rules – communicating over the network in a reliable fashion while honoring all relevant laws and restrictions.

Student Signature

Printed Name

Today's Date

Birth Date

As the parent or legal guardian of the student signing above, I grant permission for my child to access networked computer services such as electronic mail and the Internet. I understand that individuals and families may be held liable for any inappropriate behavior. I understand that some materials on the Internet may be objectionable, but I accept responsibility to work with the school in guidance of Internet use – setting and conveying standards for my child to follow when selecting, sharing, or exploring information and media.

Parent Signature

Printed Name

Date

Young Disciples Christian Academy
Consent to Film/Video/Photograph

I, _____, hereby give my consent for _____
(parent or guardian) (name of student)

to be filmed and/or photographed by the media, school or approved personnel, and/or other students during the _____ school year for the purposes of: school publications school websites school news released to media class assignments and/or classroom display.

I also understand that neither my child nor I are entitled to any compensation for such activities.

Signature of Parent/Guardian

Date

Young Disciples Christian Academy
Consent to Transportation

I, the parent/legal guardian of _____, give the school permission to attend and transport my child(ren) to and from destinations included in the regular school curriculum, particularly Field Trips, Service events, and other school activities.

Signature of Parent/Guardian

Date

Young Disciples Christian Academy

Consent to Treatment

This form must be filled out at the beginning of each school year to cover the activities for the school year. A copy of each student's form must be taken on off-campus activities.

Student's Name _____ Age _____ Date of Birth _____
Mo. Day Yr.

Social Security # _____ Address _____

Father/Guardian _____
Home Phone Cell/Work Phone Social Security Number

Mother/Guardian _____
Home Phone Cell/Work Phone Social Security Number

Please describe student's allergies to substances and medication

If on regular medication, please specify _____ Date of last tetanus shot: _____

Please give the name of your local family physician(s) to be called in case your son or daughter becomes ill or has an accident at school and you cannot be reached.

1. Family Physician _____ Office Telephone _____

Address _____

2. Family Physician _____ Office Telephone _____

Address _____

Hospital preference _____ Telephone _____

Please give the names of two relatives or friends who have consented to assume the responsibility of your son or daughter in case of illness or accident until you can be reached. In case of any change in the named persons, notify the school in writing.

1. Name _____ Telephone _____

Address _____

2. Name _____ Telephone _____

Address _____

If emergency service involving medical action or treatment is required and neither the parent nor the family physician can be reached for consent, the parents hereby consent to the rendering of such emergency medical service for above named student as shall be necessary in the medical opinion of the doctor rendering the service. This authorization is given pursuant to the local state Civil Code.

 Parent or Guardian Signature

 Date

Notary: _____ Date: _____ Seal: _____

Request for Exemption to Immunization

If you wish for your child to be exempt from the immunization requirements, this form must be completed, signed, and returned to the school. By State Law (A.R.S. 15-873), your child will not be allowed to attend school until either a Record of Immunization or this Exemption Statement is submitted. Please indicate below the type of exemption requested and complete all required information. **In the event of an outbreak of a vaccine preventable disease for which you cannot provide proof of immunity of your child, your child will not be allowed to attend school until the risk period ends.**

Medical Reasons – If the immunization would be a health risk to the child because of pre-existing medical conditions, you must sign the statement below along with your physician’s signature. Your physician must state the reason for the medical exemption. The exemption may be for one or more vaccines, and may be either permanent or temporary. If the condition is temporary, the date of its end must be given, at which time the child must receive any necessary vaccine doses.

Personal Beliefs – If immunizations are against your personal beliefs, you must sign below to exempt your child from the requirements.

Laboratory Evidence – If your child has previously had a vaccine preventable disease, immunization against that disease is not required if laboratory evidence of immunity signed by a physician can be provided. Copies of lab results must accompany this request.

I hereby request an exemption from the immunization requirements for the child listed below, have received information about immunization and understand the risks and possible outcomes of this decision.

Child’s Name

Date of Birth (month, day, year)

Type of exemption requested:

(Mark one)

____ Medical* (See below)

____ Personal Beliefs

____ Laboratory Evidence

For the following vaccines:

(Mark all that apply)

____ Diphtheria ____ Tetanus ____ Pertussis

____ Measles ____ Mumps ____ Rubella

____ Polio ____ Varicella ____ Hepatitis B

____ Meningococcal

*If a medical exemption is marked, complete the following:

Reason for medical exemption:

Length of exemption: ____ Permanent ____ Temporary until: _____

Required Signatures: Parent or guardian must sign all requests and a physician must also sign any requests for medical or laboratory evidence exemptions.

Parent or Guardian Signature

Physician Signature

Printed Name

Printed Name

Date: Month, Day, Year

Date: Month, Day, Year

Doctor's Form

To be completed by the family physician and kept on file at the school of attendance.

- A) When entering school for the first time.
- B) At grade seven
- C) At least once in grades nine through twelve.
- D) When required by the conference board of education

Name: _____ Date of Birth: _____

Age: _____ Sex: _____ Height: _____ Weight: _____

Pulse: _____ BP: ____ / ____ (____ , ____ / ____)

Vision: R20/_____ Pupil: Equal L20/_____ Unequal Corrected: Yes No

% Body Fat (optional): _____

	Normal	Explain Abnormalities	Initials*
Medical			
Appearance			
Eye/Ears/Throat/Nose			
Hearing			
Lymph Nodes			
Heart			
Murmurs			
Lungs			
Abdomen			
Genitourinary			
Skin			
Musculoskeletal			
Neck			
Back			
Shoulder/Arm			
Elbow/Forearm			
Wrist/Hand/Fingers			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot/Toes			

*Multi-examiner set-up only.

Doctor's Form

Name: _____ DOB: _____

Consider additional questions on more sensitive issues.

- Do you feel stressed or under a lot of pressure?

- Do you ever feel sad, hopeless, depressed, or anxious?

- Do you feel safe at your home or residence? _____
- Do you drink alcohol or use any other drugs?

Notes:

- Cleared Without Restriction
- Not Cleared For: All Sports Certain Sports Reason:

Recommendations:

Name of Physician (Print/Type): _____ Exam Date: _____

Address: _____ Phone: _____

I have examined the above-named student and completed the physical examination. The student does not present apparent clinical contraindications to practice and participate in sports. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents.

Signature of Physician/s: _____ Date: _____

_____ *Signature of Physician/s: _____ Date: _____ *Multi-examiner set-up only.

Medical Authorization

I, the parent/legal guardian of _____, give the Young Disciples Christian Academy School staff permission to give the following non-prescriptions, over-the-counter preparation to my child(ren) in the event that they have the following symptoms without indication of a major underlying illness. This does not guarantee these preparations will be available.

Please initial next to each choice you will allow your child to have.

1. _____ Headache of short duration and moderate severity
a. Acetaminophen (Tylenol) b. Ibuprofen (Advil, Motrin, etc.)
2. _____ Nausea, vomiting, diarrhea, gas pains
a. Antacid (Tums) b. Pepto-Bismol
3. _____ Cold, flu-like symptoms, including fever or sore throat
a. Tylenol b. Throat Lozenges c. Cold/Flu Relief Medicine
4. _____ Allergy symptoms, including itchy eyes, runny nose
a. Benadryl b. Claritin c. Zyrtec
5. _____ Menstrual cramps of moderate severity
a. Acetaminophen (Tylenol) b. Ibuprofen (Advil, Motrin, etc.)
6. _____ Mild environmental allergic reaction
a. Benadryl Cream b. Gold Bond Cream
7. _____ Stinging, itching eyes from allergies or swimming
a. Saline Solution
8. _____ Minor cuts and abrasions
a. Antibiotic Cream b. Bactine
9. _____ Other

(may include special allergy medicine or other)

Parent or Guardian Signature

Date

Subscribed and Sworn before me this _____ Day of _____ Year of _____

Notary Public Signature: _____ Seal:

Autorización Médica

Yo, el padre / tutor legal de _____, le doy permiso al personal de Young Disciples Christian Academy School para que brinde las siguientes recetas, preparaciones de venta sin receta a mi hijo (s) en caso de que tengan los siguientes síntomas sin indicación de una enfermedad subyacente importante. Esto hace No garantizamos que estos preparativos estarán disponibles.

Por favor, ponga sus iniciales junto a cada opción que le permita a su hijo.

1. _____ Dolor de cabeza de corta duración y severidad moderada
a. Acetaminofeno (Tylenol) b. Ibuprofeno (Advil, Motrin, etc.)
2. _____ Náuseas, vómitos, diarrea, dolores por gases.
a. Antiácido (Tums) b. Pepto-Bismol
3. _____ Frío, síntomas parecidos a la gripe, incluyendo fiebre o dolor de garganta
a. Tylenol b. Pastillas para la garganta c. Medicamentos para el resfriado / gripe
4. _____ síntomas de alergia, incluyendo picazón en los ojos, secreción nasal
a. Benadryl b. Claritin c. Zyrtec
5. _____ Calambres menstruales de severidad moderada
a. Acetaminofeno (Tylenol) b. Ibuprofeno (Advil, Motrin, etc.)
6. _____ Reacción alérgica ambiental leve
a. Crema Benadryl b. Crema Gold Bond
7. _____ Picazón, picor en los ojos debido a alergias o natación
a. Solución salina
8. _____ Cortes menores y abrasiones.
a. Crema antibiótica b. Bactine
9. _____ Otro

(Puede incluir medicamentos especiales para alergias u otros)

Firma del padre o tutor Fecha _____

Suscrito y jurado ante mí este _____ Día de _____ Año de _____

Firma del Notario Público: _____ Sello:

Young Disciples Christian Academy
Release form

At the end of school day, my child, _____, is allowed to be picked up by the following people:

Name Relationship to Student

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Signature of Parent/Guardian

Date

REQUEST FOR TRANSFER OF TRANSCRIPT AND STUDENT RECORDS

From: _____

To: Young Disciples Christian Academy p (480) 980-2654 evaeduprogram@hotmail.com

As indicated below, one of our students has applied for admission to our school. Please send us all contents of the cumulative education records (including immunizations and test scores) of the student named below, to the following address:

ATTN: Student Records
Young Disciples Christian Academy
630 W. 17th Place
Tempe, AZ 85281

Full Legal Name of Student: _____

Grade Entering: _____ Date of Request: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

9a

Student Financial Agreement

School Year: _____

Name of Student: _____ Grade: _____

Name of Student: _____ Grade: _____

Name of Student: _____ Grade: _____

Name of Student: _____ Grade: _____

Entrance Fee \$ _____

Tuition per Month x _____ \$ _____

Total Student Cost \$ _____

Parent Commitment

Entrance Fee \$ _____

Tuition per Month x _____ \$ _____

Total Parent Commitment \$ _____

I, the undersigned parent/guardian of _____ agree to be responsible for the above financial commitment.

Parent/Guardian Signature

Printed Name

Date

Scholarships

1. I have applied for the AAA scholarship and I have been awarded _____ per child listed above.
2. I have applied for the TOPS for Kids scholarship and am committed to handing out at least 3 donor requests per child listed above.
3. I am applying for the YDCA scholarship and am committed to following the guidelines of the specific scholarship applying for.

Parent/Guardian Signature

Date

Approved By

Printed Name

Date

Young Disciples Christian Academy
Tuition and Fees
2019-2020

Tuition

Full Time/Hybrid Students

Kindergarten = \$350 per month
1st – 5th Grade = \$450 per month
6th - 8th Grade = \$550 per month
9th – 12th Grade = \$650 per month

Home School Enrichment Students

Extracurricular trips and Activity participation only = Cost of activities
One day per week = \$100 per month
Two days per week = \$200 per month

Fees

Registration = \$100 (Discounts for early registration and New Students)
Books Kindergarten = \$50
Books 1st – 8th Grade = \$75
Books 9th – 12th Grade = \$100
Music = \$40
School Shirt = \$18
School Hoodie = \$22 (Required for grades 5-12)
School Skirt = \$25 (new)
*Yearbook = \$18
*Graduation Cap and Gown (K, 8th and 12th only) = \$30
Performance Uniform Girls K-6 = \$40 (new)
Performance Ties Boys = \$8
* These items can be paid for in the second semester
Home School Family Registration = \$25
School Shirt = \$18

Christian Education is so important, that we do not want any family not to enroll because of the lack of funds. There are several scholarships that can lower and even completely cover the cost of tuition. We have used uniforms and a Work-Study program for the Jr. and Sr. High students as well.

Y.D.C.A
Returning Student Registration Forms

Grade applying for: _____ Date of Application : _____ Student Social Security # : _____

1. Full legal name of student _____ Sex ____
LAST FIRST MIDDLE NICKNAME

2. Date of birth _____ Place of birth _____ Age ____

3. I have looked over the previous year's application and there are no changes
I have looked over the previous year's application and there are changes

Changes: _____

Parent/Guardian Signature _____ Date

4. I vaccinate my child and their immunizations are up to date
I vaccinate my child and will have their immunizations completed by Sept. 1
The information on my request for exemption is still the same

Parent/Guardian Signature _____ Date

5. I have looked over the medical authoriztion form and there are no changes.
I have filled out a new medical authorization form for this school year.

Parent/Guardian Signature _____ Date

6. I have looked over the release form and there are no changes.
I have looked over the release form and I have made changes on it.
(Each change has been initialed and dated)

Parent/Guardian Signature _____ Date

Y.D.C.A.

Registration Checklist for 2019-2020



Checklist

(Required Signatures)

<input type="checkbox"/>	1a. Student Application 1b. Student Application	New only
<input type="checkbox"/>	2. Computer Acceptable Use Form	Grades 5 + (one time)
<input type="checkbox"/>	3. Consent to Film, Video, and Photography Form	
<input type="checkbox"/>	4. Consent to Transportation Form	
<input type="checkbox"/>	5. Consent to Treatment Form	Must be Notarized
<input type="checkbox"/>	6. Student Immunization Record -or- Immunization Waiver	New and Up-dated
<input type="checkbox"/>	7. Medical Authorization Form	New -Must be Notarized
<input type="checkbox"/>	8. Release Form	New only
<input type="checkbox"/>	9a. Financial and Scholarship Agreement 9b. School Tuition and Fees	
<input type="checkbox"/>	10 a. Doctor's Form 10b. Doctor's Form	New –Grade 7 – Grade 9 Doctor Signatures
<input type="checkbox"/>	11. Private School Affidavit	Must be Notorized
<input type="checkbox"/>	12. Request for Student Records	Transferring Students Only
<input type="checkbox"/>	13. Student Birth Certificate	New Students Only
<input type="checkbox"/>	14. School Uniforms Order Form	
<input type="checkbox"/>	15. Returning Student Application	Returning Students Only
	16. Scholarship Application	(Optional)

Please Complete with Treasurer

*New students = 10 pages *Returning student = 5 page



Young Disciples Christian Academy Scholarship Application

Name of Student _____ Grade _____ Date _____

We never want finances to be the reason for not enrolling. There are several scholarship options that should meet your needs. Look at the options below and choose which best suits your family and which you qualify for:

Option One

AAA Scholarship - a. If you apply before the deadline, b. are transferring from a public school or have received funds from another tax credit organization and c. your family total income is within the required amount, you can apply and get this scholarship. This is a fantastic scholarship that can cover the entire amount and is good for 3 years.

Option Two

TOPS for Kids Scholarship Families may sign up for this scholarship at the time of registration. This scholarship can also cover most of the tuition, except that it depends on how many donors we are able to recruit. The donations come 3 times during the year in various amounts. Parents choosing this option may also apply for another scholarship as well. They also need to be willing to hand out at least 3 donor requests per child.

Option Three

YDCA Scholarships – We have several scholarships at the school available

* New Student Scholarship – 3 months tuition free.

* Parent Volunteer - Parents choosing this program will sign up and be a part of the volunteer network . The volunteer options include but are not limited to the following:

- Fundraising Director/Committee
- After School Care Taker
- Transportation Coordinator
- Monthly Deep Cleaning Crew
- Life Skills Mentor (Home Economics, Basic Auto Mechanics, First Aid, Massage Therapy, Carpentry etc.)

Option Four

Student Work Program – This is not a scholarship per se, however, students in Jr./Sr. High school can work on campus to earn money towards tuition.

*Families are not limited to one option, however, they must choose one to commit to and sign the contract below.

I _____ the parent of _____ commit to fulfilling the requirements for option/s _____ in order to receive the Young Disciples Christian Academy Scholarship. I am aware that during the course of the year if I am not fulfilling the requirements, we can lose the scholarship.

Signature _____ Date _____

Young Disciples Christian Academy
Consentimiento para el tratamiento

Este formulario debe llenarse al comienzo de cada año escolar para cubrir las actividades para el año escolar. Se debe llevar una copia del formulario de cada estudiante en las actividades fuera del campus.

Nombre del estudiante _____ Edad ____ Fecha de nacimiento _____

Seguridad Social # _____ Dirección _____

Padre / Guardián _____
Teléfono de casa _____ Teléfono celular / trabajo _____

Madre / Guardián _____
Teléfono de casa _____ Teléfono celular / trabajo _____

Por favor describa las alergias de los estudiantes a sustancias y medicamentos.

Si está tomando medicación regular, especifique _____ Fecha de la última vacuna contra el tétanos: _____

Indique el nombre de su médico de familia local para que lo llamen en caso de que su hijo se enferme o tenga un accidente en la escuela y no pueda ser contactado.

1. Médico de familia _____ Teléfono de la oficina _____

Dirección _____

Proporcione los nombres de dos familiares o amigos que hayan aceptado asumir la responsabilidad de su hijo o hija en caso de enfermedad o accidente hasta que pueda ser contactado. En caso de cualquier cambio en las personas nombradas, notifique a la escuela por escrito.

1. Nombre _____ Teléfono _____

Dirección _____

2. Nombre _____ Teléfono _____

Dirección _____

Si se requiere un servicio de emergencia que implique acción o tratamiento médico y no se pueda contactar al padre ni al médico de familia para obtener su consentimiento, los padres por este medio consienten en la prestación de dicho servicio médico de emergencia para el estudiante mencionado anteriormente según sea necesario en la opinión médica de la médico que presta Servicio. Esta autorización se otorga de conformidad con el Código Civil del estado local.

Firma del padre o tutor Fecha _____

Notario: _____ Fecha: _____ Sello: _____

1b

Solicitud de estudiante

(Continuado)

8. ¿Se ha identificado previamente a este estudiante como elegible para un programa de educación para superdotados? Si () No ()

Si es así, ¿de qué tipo? _____ ¿Cuándo? _____

¿Dónde? _____ ¿Por quién? _____

9. ¿Se ha identificado previamente a este estudiante como elegible para un programa de educación especial? Si () No ()

Si es así, ¿de qué tipo? _____ ¿Cuándo? _____

¿Dónde? _____ ¿Por quién? _____

10. ¿Tiene este estudiante una cuenta sin pagar en otra escuela? Si () No ()

¿Si es así, donde? _____

11. Nombre y dirección de la (s) persona (s) a quienes se enviarán los estados financieros si son diferentes de los que se indican en el punto # 3.

NOMBRE	DIRECCIÓN	TELEFONO	CORREO ELECTRONICO

CONTRATO DE ESTUDIANTE:

Estoy de acuerdo en respetar las regulaciones de la escuela. Prometo mi cooperación y lealtad a la escuela y sus empleados. Viviré en armonía con los principios cristianos de la escuela.

FIRMA DEL ESTUDIANTE

FECHA

CONTRATO DE PADRE:

Por la presente estoy de acuerdo en apoyar las normas escolares y ayudar a mi hijo a observarlas, a proporcionar informes de exámenes físicos para este estudiante, a) ingresando a la escuela por primera vez, b) en el séptimo grado (esto debe incluir el examen de escoliosis), c) en menos una vez en los grados nueve a doce, yd) en otros grados, cuando así lo requiera la Junta; y aceptar todas las obligaciones educativas financieras para este estudiante.

FIRMA DEL PADRE / TUTOR

FECHA

Young Disciples Christian Academy
630 W. 17th Place
Tempe, AZ 85281

YDCA School uniforms



Several years ago the staff decided, after prayer and discussion, that having uniforms would give the students a sense of uniformity and would put them in work mode. We wanted the students to understand appropriate attire no matter where they were eg. church, school, park or even the pool so we also have a dress code for free dress days and activities that don't require uniforms.

We have an account with **French Toast Uniforms** to make it easier for you to purchase items at any time, but you may find sales at other local stores as well. Please remember the colors.

TOPS = polos in RED, NAVY, WHITE, YELLOW, GOLD and DARK GREEN
BOTTOM = pants, skorts, skirts, jumpers or shorts (mid calf for girls in grades 5+)
NAVY, DENIM, KAKI, BLACK or YDCA SCHOOL PLAID

YDCA HOODIES/SWEATERS = Required for grades 5+

YDCA LOGO POLOS = Required for all field trips and special school days

*Stretchy exercise pants or leggings are not allowed except for gymnastics

Performance Uniforms

Several times per semester our school performs for either a church or nursing home. The church members and elderly love to see the students and are blessed by them. Having them in uniform adds to the beauty of their performances.

BOYS = long sleeve dress shirts in WHITE, dress pants in BLACK and SCHOOL TIE

GIRLS = K-4 long sleeve blouse in WHITE with YDCA PLAID jumper

4-8 long sleeve blouse in WHITE with YDCA PLAID skirt

8 -High School white blouse and knee length or long BLACK skirt

*As staff members, we are focused on creating a learning environment and don't want to have to become the "uniform police" so we appreciate parents making sure their child is in uniform/dress code.

Name _____ Date _____ Amount _____

Items and sizes needed:

Uniform Order Form

YDCA has several used uniforms and places an order for new uniforms from French Toast the first month of school. We will let you know if there are used uniforms available at a lower cost. Write down items and sizes needed below:

Name_____

_____YDCA Logo polo size_____

_____YDCA Hoodie size_____

_____YDCA Navy sweater size _____

_____YDCA Plaid jumper size _____

_____YDCA Plaid skirt size_____

_____YDCA boys tie size _____

_____Girls white long sleeve blouse size_____

_____Boys white long sleeve dress shirt size _____

_____Boys black dress pants size_____

*Use the size chart on the French Toast website
