



Summer Enrichment Program Enrollment Form
Victory Christian Academy
805 N. 1st Street, Indianola, IA 50125
(515) 962-1632 Website: vcaiowa.com
Email: office@vcaiowa.com
Tuesday, May 29 to Friday, August 10, 2018

1. Child's Full Name _____ Sex _____ Birth Date _____ Age _____

2. Child's Full Name _____ Sex _____ Birth Date _____ Age _____

3. Child's Full Name _____ Sex _____ Birth Date _____ Age _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Email: _____

Father/Guardian Name: _____ Mother/Guardian Name: _____

Employer: _____ Employer: _____

Work Phone: _____ Cell: _____ Work Phone: _____ Cell: _____

Siblings:

Name _____ Age _____ Grade _____

Name _____ Age _____ Grade _____

Authorized person(s) to take child from VCA

1. Name _____ Cell _____

Relationship to Student _____ Other Phone _____

2. Name _____ Cell _____

Relationship to Student _____ Other Phone _____

3. Name _____ Cell _____

Relationship to Student _____ Other Phone _____

Emergency Contact (other than parent)

4. Name _____ Cell _____ Other Phone _____

Is this person authorized to pick up the child(ren)? _____

Under NO circumstances will children be released to anyone not known to VCA without written authorization from the parent(s) or guardian(s).

Parent Signature _____ Date _____



**Summer Enrichment Program
Permission and Release Forms
Tuesday, May 29 – Friday, August 10**

General Release of Liability

I, Mr./Mrs. _____, of _____, Iowa, the parent or guardian of _____, our minor child(ren) do hereby release for and behalf of ourselves, and our minor child(ren), Victory Christian Academy Summer Enrichment Program, 805 North 1st Street, Indianola, Iowa, all owners and employees of Victory Christian Academy Summer Enrichment Program for any and all damages and/or personal injury that may occur in and from any connections with such Victory Christian Academy sponsored any activities. This is a full release of any and all claims given in consideration for Victory Christian Academy, its owners and employees sponsoring the Victory Christian Academy Summer Enrichment Program.

I, Mr./Mrs. _____, the undersigned have read this release, understand its terms and hereby execute it voluntarily and with full knowledge and understanding of its significance.

X _____ X _____
(Signature of parent or guardian) (Date)

Field Trip/Transportation Permission Slip

I give permission to have your services transport my child(ren), listed above, to/from Victory Christian Academy and various locations. Details of field trips will be given in advance. This includes walking trips within the proximity of Victory Christian Academy.

X _____ X _____
(Signature of parent of guardian) (Date)

Permission to Photograph and Video

Check One:

I hereby ___ authorize ___ **do not** authorize Victory Christian Academy to photograph my child(ren), listed above, in the Summer Enrichment Program setting.

Photos and videos may be posted at the school, Victory Christian Academy, or used in newsletters, newspapers, or on our website. Photos will not be sold or given to private parties.

X _____ X _____
(Signature of parent of guardian) (Date)

**Victory Christian Academy
Summer Enrichment Program
Emergency Information**

One Per Child

Child's Full Name _____ Sex _____ Birth Date _____ Age _____

Child(ren)'s Doctor: _____ Phone Number: _____

Hospital Preference _____

Child's Dentist: _____ Phone Number: _____

Health Insurance _____ Policy Number _____

Does your child have any food, medicine, environmental, or other allergies? _____ If yes, please explain (include the child's name) _____

Does your child take any medication regularly? _____ If yes, please explain(include the child's name) _____

Are there any past or current medical condition(s) that we should be aware of? _____ If yes, please explain (include the child's name) _____

Does your child still take a nap or have rest time? _____ If yes, approximately how long? _____ (which child)c

Does your child know how to swim? _____ Are they comfortable in the water? _____

Is your child living with both parents? _____

How is your child disciplined at home? _____

Emergency Medical Authorization

I hereby give my consent to VCA (to include any staff member in their employment) to call a physician or rescue squad for medical or dental care for the above child, should an emergency arise in which such service is indicated while enrolled and under the supervision of Victory Christian Academy.

I understand that every effort will be made to notify me or my spouse before such action is taken. If it is impossible to locate me or my spouse, the expense of this service will be accepted by me.

X _____ X _____
(Signature of parent or legal guardian) (Date)

Permission for Giving Medication

Victory Christian Academy has my permission to give my child the following medication as per our physician's instructions:

| | | | |
|--------------|------------|--------|------|
| Child's Name | Medication | Amount | Time |
|--------------|------------|--------|------|

X _____ X _____
(Parent's Signature) (Date)

I certify that (Child's Name) _____ is physically sound and free from infection or disease except as noted on this page.

X _____ X _____
(Parent's Signature) (Date)



**Summer Enrichment Program
Tuition Agreement
Tuesday, May 29 – Friday, August 10**

Child(ren)'s Full Name(s): _____

Child(ren)'s typical hours are as follows:

Monday _____ am/pm to _____ am/pm

Tuesday _____ am/pm to _____ am/pm

Wednesday _____ am/pm to _____ am/pm

Thursday _____ am/pm to _____ am/pm

Friday _____ am/pm to _____ am/pm

Average weekly Hours: _____

**If you know what weeks based on themes that your child will be attending, please let us know.

**If your child's hours/days will change from week to week, please give us ample notice as to those changes.



I understand that the **weekly rate** is **\$150.00**. (5 days a week for more than 5 hours a day)

I understand that the **daily full-time rate** is **\$35.00** per day. (more than 5 hours)

I understand that the **daily part-time rate** is **\$25.00** per day. (5 hours or less)

I understand that the **registration fee** is **\$20.00**. This fee is non-refundable.

I understand that the **returned check fee** is **\$30.00**.

I understand that payments are due on **Fridays** for the upcoming week of childcare and that there is a grace period until the following Tuesday.

I understand that the late pickup fee is **\$5.00 per 5 minutes late** (After 5:45) and that this fee is to be paid upon arrival.

I understand the pickup policy for other than parental pickup.

I understand that I must provide my child's breakfast, lunch, snack, and beverage (other than water) each day.

I understand that I must return the enrollment form, the emergency information form, the permission and release form, the tuition agreement, and pay the registration fee in order for my child to be enrolled in the program.

By my signature, I am stating that I understand and will abide by the statements listed above.

X _____ X _____
(Parent's signature) (Date)



**Summer Enrichment Program
Policies and Procedures
Tuesday, May 29 – Friday, August 10**

Welcome

- We are so excited about our Summer Enrichment Program at VCA! We are so honored that you have chosen us to be part of your child(ren)'s life during this summer.
- Below you will find a list of policies and procedures that will be very important and helpful to you. Please keep this sheet as a reminder.
- We are here to offer care for your child(ren) as well as fun and excitement! Please know that if you have questions about anything, you can contact the school at any time at 962-1632, and we will be glad to help in any way we can.

Tuition

- There is a **non-refundable** \$20.00 registration fee.
- If your child(ren) is/are in care 5 days a week for 5 or more hours per day the **weekly** rate is \$150.00/child.
- The daily rate (more than 5 hours) is \$35.00/child.
- The part-time rate (5 hours or less) is \$25.00/child.

Tuition is to be paid on Friday for following week of childcare. There will be a grace period until the following Tuesday.

Sign In/Sign Out

- Upon arrival and departure at SEP every child needs to be signed in and signed out so that we have a record of attendance for billing purposes.

Meals

- Parents are responsible for bringing breakfast, lunch, and snack, as well as beverages, except water..
- Occasional special trips will be arranged to go out to lunch. We will give advanced notice as to when this will be.

Returned Check Policy

- There will be a \$30.00 charge for all returned checks.

Swimming

- You will be required to pay for days of swimming or furnish your own pool pass that can be obtained from Indianola Parks and Recreation.

Supplies

- All students are encouraged to bring and leave a water bottle at the school to use during the day, walking trips, and outside play.
- Children who will be taking naps or having rest time are encouraged to bring a pillow and/or blanket, whatever will make rest time comfortable.
- Each child should have sun block applied **before** they come to school. It would be a good idea to have an extra bottle of sun block to leave at school in their cubbies so that it can be reapplied when necessary.
- Each child will need a swimming suit, sandals, and a towel to take to the pool on swim days. It would be best if these were all brought in a small bag.

Drop-off/Pick-up

- Children may be dropped off no earlier than 6:45 A.M..
- Children are to be picked up no later than 5:45. There will be a \$5.00 per 5 minutes late fee and this is to be paid immediately upon arrival.
- If you are aware that you are going to be more than 15 minutes later than what is your normal pick-up time, please call ahead and let us know.
- No child will be released to anyone who is not on the authorized list of people for pick up unless we have a written note, or verbal communication directly from a parent.