



**Summer Enrichment Program Enrollment Form**  
Victory Christian Academy  
805 N. 1<sup>st</sup> Street, Indianola, IA 50125  
(515) 962-1632 Website: [vcaiowa.com](http://vcaiowa.com)  
Email: [office@vcaiowa.com](mailto:office@vcaiowa.com)  
**Tuesday, May 28 to Friday, August 9, 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: \_\_\_\_\_  
Desired PIN # \_\_\_\_\_ (4-digits) Desired PIN # \_\_\_\_\_ (4-digits)

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 \_\_\_\_\_ Desired PIN # \_\_\_\_\_  
(4-digits)

Relationship to Student \_\_\_\_\_ Other Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Cell \_\_\_\_\_ Desired PIN # \_\_\_\_\_  
(4-digits)

Relationship to Student \_\_\_\_\_ Other Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Cell \_\_\_\_\_ Desired PIN # \_\_\_\_\_  
(4-digits)

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 28 – Friday, August 9**

**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 1<sup>st</sup> 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 Form 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 28 – Friday, August 9**

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 for 5 days** is **\$160.00**. (5 days a week)

I understand that the **weekly rate for 4 days** is **\$140.00/week**.

I understand that the **weekly rate for 3 days** is **\$120.00/week**.

I understand that the **daily rate** is **\$40.00/day**.

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 5:30) 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 28 – Friday, August 9**

**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 the **weekly** rate is \$160.00/child.
- If your child(ren) is/are in care for 4 days a week, the **weekly** rate is \$140.00/child.
- If your child(ren) is/are in care for 3 days a week, the **weekly** rate is \$120.00/child.
- The daily rate is \$40.00/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**

- Each family has a 4-digit code to sign in to Sycamore. (For example: Rowe Family User ID: ROW1097. Your 4-digit code will be 1097.) Each person authorized to check in or check out your student will need to give the office a 4-digit PIN to use with your 4-digit family code. (If you are a new family, let the office know so we can help you register your student in Sycamore, our student information system.)
- Upon arrival and departure at SEP every child needs to be checked in and checked out so that we have a record of attendance for billing purposes. We will be using a the Sycamore student information system for checking in and checking out your student. Instructions on how to use the system will be given the first day that your student attends.

**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 and checked in no earlier than 7:00 A.M..
- Children are to be picked up no later than 5:30. 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 does not have a code to check the child out. Anyone on the authorized pick-up list should have a code or verbal communication directly from a parent.