

STUDENT REGISTRATION FORM



Check All That Apply	
<input type="checkbox"/>	Enrolling for Program:
<input type="checkbox"/>	3 yr old Pre-A (T/Th)
<input type="checkbox"/>	4 yr old Pre-A (M/W/F)
<input type="checkbox"/>	4/5 yr old Pre-K (M-F)
<input type="checkbox"/>	½ Day
<input type="checkbox"/>	All Day
<input type="checkbox"/>	VCA – Circle one
<input type="checkbox"/>	K, 1, 2, 3, 4, 5, 6, 7, 8
<input type="checkbox"/>	Before/After Care
<input type="checkbox"/>	New Student
<input type="checkbox"/>	Returning Student

Date: _____ Applying for school year: _____

Resident school district: (Academy Only) _____

Family Information

Family Name: _____ Home Phone: _____

Address _____
House Number / Street Name City / State Zip code

Father's Name: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Occupation: _____ Resides in the home: Yes No

Mother's Name: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Occupation: _____ Resides in the home: Yes No

E-mail Address(es): _____

Name / Phone of nearest relative: _____

Student Information (list oldest first)

#	Student's Name	Date Of Birth	Current Level
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Other Sibling Information

#	Name	Age	School Attended	Grade Level
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Pick-up Authorization

Students will not be allowed to leave with any other person without written authorization from parent or guardian. Please include people other than yourself/spouse on this form.

#	Name	Phone	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____



Before/After School Care
Registration Form

Child's Name: _____ Age: _____

Birthdate: ____ / ____ / ____

Full-Time Status (Before Care): (Y/N) Drop-In Status (Before Care): (Y/N)
Full-Time Status (After Care): (Y/N) Drop-In Status (After Care): (Y/N)

If Drop-in, indicate need:

Before Care: M T W Th F -- Approx. Drop-off Time: _____

After Care: M T W Th F -- Approx. Pick-up Time: _____

Parent's Name(s): _____ Home Phone: _____

Cell Phones: _____

Home address: _____ City: _____ Zip: _____

Mother's employer: _____ Phone: _____ Wk hours: _____

Father's employer: _____ Phone: _____ Wk hours: _____

Emergency Contact: _____ Phone: _____

Person to whom your child may be released: (other than parents):

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Does your child have any allergies or other medical conditions that we need to be aware of? If yes, explain.

Signed: _____ Date: _____



**Pre-Kindergarten and Pre-Academy
Tuition and Fee Schedule 2017-2018**

Registration Fee – PreK and Pre-Academy

The registration fee is per student, per year and is nonrefundable.

	<u>By Friday, March 31, 2017</u>	<u>After March 31, 2017</u>
PreK and Pre-Academy	\$100.00	\$125.00

Book Fee

	<u>Due by Friday, July 6, 2017</u>	<u>After July 6, 2017</u>
Pre-Kindergarten	\$125.00	\$150.00
Pre-Academy	\$125.00	\$150.00

Tuition Fees

No other discounts apply

	<u>Full Day</u>	<u>Half Day</u>
Pre-K	\$3150.00	\$ 1730.00
Pre-Academy (4yr. old)	\$1850.00	\$ 1055.00
Pre-Academy (3yr. old)	\$1375.00*	\$ 830.00

*Accepted on a case-by-case basis

Before and After School Care

Before School Care Hours: 6:45am - 7:50am

FEES: \$35.00/week or \$8.00/day

After School Care Hours: 3:30pm - 5:30pm

FEES: \$55.00/week or \$12.00/day

Both Before and After School Care

FEES: \$70.00/week or \$15.00/day



**Kindergarten through Middle School
Tuition and Fee Schedule 2017-2018**

Registration Fee - all students

The registration fee is per student, per year, and is non-refundable.

	<u>By Friday, March 31, 2017</u>	<u>After March 31, 2017</u>
Kindergarten - 8th Grade	\$175.00	\$200.00

Book Fee - all students

	<u>Due by Friday, July 6, 2017</u>	<u>After July 6, 2017</u>
Kindergarten	\$225.00	\$250.00
1st - 8th Grades	\$275.00	\$300.00

Tuition Fees

Full Time 1st - 8th Grade	\$4100.00/year
Dual Enrollment (grades 6-8)	\$2900.00/year
All Day Kindergarten	\$3500.00/year

Before and After School Care

Before School Care Hours: 6:45am - 7:50am

FEES: \$35.00/week or \$8.00/day

After School Care Hours: 3:30pm - 5:30pm

FEES: \$55.00/week or \$12.00/day

Both Before and After School Care

FEES: \$70.00/week or \$15.00/day



Medical Authorization Form

Parent Name or Legal Guardian:

Mother _____ Father _____

Work phone _____ Work phone _____

Address _____

Home phone _____

Child's Doctor _____ Phone _____

Health Insurance _____ Policy # _____

Secondary Insurance _____ Policy # _____

Emergency contact (other than parent)

Name _____ Phone _____

Name _____ Phone _____

Hospital preference _____

Child's Name: _____
Birth date: _____
Known allergies: _____

Chronic illnesses: _____

Child's Name: _____
Birth date: _____
Known allergies: _____

Chronic illnesses: _____

I hereby give my consent to Victory Christian Academy (to include any staff member in their employment) to secure and authorize emergency medical and/or dental treatment for the above child, should an emergency arise in which such service is indicated.

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 my spouse or me, the expense of this service will be accepted by me.

(Signature of Parent or Legal Guardian)

(date)



School Permission Forms

General Release of Liability

I do hereby release for and behalf of ourselves, and our minor child, Victory Christian Academy, 805 North 1st Street, Indianola, Iowa, all owners and employees of Victory Christian Academy for any and all damages and/or personal injury that may occur in and from any connections with such Victory Christian Academy sponsored 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 I have read this release, understand its terms and hereby execute it voluntarily and with full knowledge and understanding of its significance.

Parent's Signature: _____ Date: _____

Distributing Contact Information Permission Slip

I (do/do not – please circle) hereby release/give VCA permission to distribute the designated information for the purpose of school-related activities. PLEASE CHECK: _____ home/cell phone numbers,
_____ address information _____ e-mail address _____ students name/grade level

Parent's Signature: _____ Date: _____

E-mail address (if we haven't already collected): _____

Permission to Photograph and Video

I give VCA permission to photograph my child. Photos and videos may be posted at the school or used in newsletters, newspapers, or on our website. Photos will not be sold or given to private parties.

Parent's Signature: _____ Date: _____

Moat's Park Permission Slip

I give _____ permission to cross the street and play at Moat's Park, under teacher supervision, for recess and other special activities for the current school year.

Parent's Signature: _____ Date: _____

Dispensing Non-Prescription Medication Authorization Form

Victory Christian Academy has my permission to give my child the following non-prescription medication as per the parent's instructions.

_____ Sunscreen _____ Pain Reliever _____ Fever Reducer _____ Cough Drops

I want to be called before any type of non-prescription medication is dispensed. _____ Yes _____ No

Parent's Signature: _____ Date: _____

ALL PRESCRIPTION MEDICATIONS MUST BE KEPT AND DOCUMENTED IN THE OFFICE.



Church Information

Church your family attends: _____ Members: YES NO

Pastor's Name: _____ Phone: _____

Church Address: _____
City / State Zip code

Tuition Payment Information

Please check below the method by which you intend to pay for tuition:

- _____ payment in full by September 1st
- _____ two semester payments, due by August 4th and January 5th
- _____ monthly payments by cash, money order, or personal check
- _____ monthly payments by direct check draft from banking account

Please read and sign the Statement of Commitment below:

Please remember that VCA counts on your full-year commitment when we hire teachers and place other students on a waiting list. To remove your child part way through the year for any reason except moving out of the area is strongly discouraged. Registration and tuition fees are non-refundable and non-transferable. Please prayerfully consider your commitment to sending your child all year to VCA.

I understand the school's need for a full year's commitment and will, by God's grace, seek to fulfill that commitment.

Parent's Signature: _____ Date: _____



STATEMENT OF FAITH

- We believe that all scripture is inspired by God, is without error in the original writings, and is the supreme and final authority for teaching, correcting, and training in all matters of faith, truth and practice.
- We believe that there is one eternal God, in the existence of three persons—Father, Son, and Holy Spirit—Who in infinite holiness, wisdom and power has created all things and preserves all things.
- We believe in the deity of Jesus Christ, His virgin birth, sinless life, miracles, sacrificial death on the cross, bodily resurrection, ascension and future personal return.
- We believe in the Holy Spirit as the teacher of God’s truth and giver of new life, Who provides unity for all believers in Christ.
- We believe that mankind is uniquely created in the image of God, by God to bring glory to God.
- We believe in the sanctity of life, the union of one man and one woman in marriage, and the family as the God ordained means for the rearing and training of children.
- We believe that salvation is brought to us by God through faith in the atoning death of Christ on the cross.
- We believe in the resurrection of the just and the unjust: the unjust to eternal punishment and the just to eternal life.

I believe and support the Victory Christian Academy Statement of Faith.

Parent’s Signature: _____ **Date:** _____



Statement of Cooperation

Parents or legal guardians are asked to sign the following Statement of Cooperation when enrolling their child(ren) at VCA. Please note that the statements are written in first person singular in order to recognize the single parent family and the unity of the two-parent home. We pray this statement will assist you in educating your child by providing harmony and effective communication between the home and school.

1. I agree to abide by all regulations of the school on my child's behalf.
2. I understand the attendance at VCA is a privilege and not a right and that the school reserves the authority to dismiss any student or family who does not conform to the regulations and cooperate with the spiritual mission of the institution.
3. I agree to support the academic standard of the school by encouraging and assisting my child with any academic activities.
4. I agree to cooperate with administration in order to compensate the school or individuals for any damage my child may cause, either intentionally or accidentally, to school property, or others' personal property.
5. If I become dissatisfied with the school in any respect, I will seek to resolve the matter with the person or persons directly involved rather than to harbor a negative attitude or to freely share criticism with others. If my concern cannot be resolved with the individual directly involved, I will prayerfully and calmly discuss the issue with school administration.
6. I absolve VCA from liability for accident, injury, or illness by my child, on or off campus, for which the school and/or its representatives have taken reasonable precaution and care.
7. Since VCA cannot care for children who are ill, I agree to arrive promptly when contacted or to make other arrangements to have my child picked up if necessary.
8. In order to support the educational process and program, and in order to be an encouragement to my child(ren), I will make every effort possible to participate in the educational programs and activities of the school.
9. I agree to promptly and appropriately reply to communications received from teachers, the school administrator, other school employees, or members of the board.

I agree to cooperate with Victory Christian Academy according to the above statements.

Parent's Signature: _____ **Date:** _____



School Uniform Dress Code Policy 2017-2018 School Year

Boys are required to wear **tan/khaki**, or **black** long shorts (that are non-athletic) or pants. Solid colored, collared short or long sleeved shirts that are **white**, **black**, **grey**, or **red** are required. An example that is appropriate for shirts is the polo style shirt in any fabric. Students can wear turtlenecks, including mock style. Students will be allowed to wear outerwear including: solid color (*no logos*) sweatshirts, fleeces, and sweaters of the following solid colors: **white**, **black**, **grey**, or **red**.

Girls are required to wear **tan/khaki**, or **black** knee-length shorts (that are non-athletic in material), pants, capris, jumpers, skorts, or skirts. Solid colored, collared shirts that are **white**, **black**, **grey**, or **red** are required. An example that is appropriate for shirts is the polo style. Students can wear turtlenecks including mock style. Students will be allowed to wear outerwear including: solid color (*no logos*) sweatshirts, fleeces, and sweaters of the following solid colors: **white**, **black**, **grey**, or **red**.

Physical Education

The P.E. uniform (grades 2-8) consists of **black** knee-length athletic shorts or black athletic pants. A plain colored t-shirt of either **red** or **grey** for the top.

- Grades 2-8 will bring their P.E. uniform and dress out at school.
- Kindergarten and first grade will wear their school uniform for P.E.

School uniforms:

- Provide a biblical model of modesty
- Give VCA visible recognition and school pride
- Simplify shopping for school clothes
- Help provide a more focused school environment