

Registration Amount Paid _____
Check # or Cash _____
Date Received _____

AVA VICTORY ACADEMY
A ministry of Christian Center of the Ozarks
1005 N.W. 12th Avenue
PO Box 608
Ava, MO 65608
Phone: 417-683-6630 Fax: 417-683-1402
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KINDERGARTEN – SIXTH GRADE APPLICATION

Today's Date: _____ Date to Begin Enrollment: _____ Entering Grade _____

Student's Full Name: _____ SSN : _____

Address: _____ Phone: _____

Date of Birth: _____ Birth Place: _____ Race: _____ Sex: _____
M / D / Y (City, State)

Family Doctor: _____ Phone: _____

In case of emergency, call (other than parent) _____ Phone: _____

Does your child have any physical defects or allergies or special diet needs? Yes ____ No ____
(If yes, please explain on back)

Has your child received required state immunizations? Yes ____ No ____
(If no, please explain on back. A shot record is required)

Are there any unusual factors in student's life that the Academy needs to be aware of? Yes ____ No ____
Example – absence of father or mother, in-laws or grandparents in the home, adoption, accidents, or health problems (If yes, please explain on back)

Please state who has legal guardianship of student: _____

Father's Name: _____

Address: _____

Phone: _____

Cell Phone: _____

Father's Employer: _____

Occupation: _____

Employer's Address: _____

Work Phone: _____

Education: High School _____ Years

College _____ Years

Marital Status: Married ____ Divorced ____

Widower ____ Separated ____

Mother's Name: _____

Address: _____

Phone: _____

Cell Phone: _____

Mother's Employer: _____

Occupation: _____

Employer's Address: _____

Work Phone: _____

Education: High School _____ Years

College _____ Years

Marital Status: Married ____ Divorced ____

Widower ____ Separated ____

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Why do you wish to enroll your child at Ava Victory Academy? _____

How did you learn of A.V.A.? Other Parent ____ Teacher ____ Newspaper ____ Radio ____ Flyer ____
Other _____

Has the student accepted Christ as his/her personal Savior? Yes ____ Date: _____ No ____

Has the father accepted Christ as his/her personal Savior? Yes ____ Date: _____ No ____

Has the mother accepted Christ as his/her personal Savior? Yes ____ Date: _____ No ____

Where do you attend church? _____

Are you a member? Yes ____ No ____

The following persons are allowed to pick up my child at the end of the day. (Other than parent or guardian) The school will need to be notified if my child will be leaving at an irregular time during the school day. If a child is sick and parents or emergency contact cannot be reached, we may contact a person on your pick up list to either help us locate the parent or to pick up the child (unless otherwise instructed by the parent).

<u>Name</u>	<u>Phone Number</u>	<u>Name</u>	<u>Phone Number</u>
_____	_____	_____	_____
_____	_____	_____	_____

In making this application for registration of my child, I understand that:

1. It is the policy of Ava Victory Academy not to process any application unless accompanied by the non-refundable \$55.00 registration fee. I also understand that all book fees, ACSI fees, snack fees, supply fees and partial month tuition & set fees are non-refundable.
2. I will be responsible for and punctual in making regular tuition payments for each month that the child is enrolled. I also understand that my child will not be allowed into class if my account becomes 30 days past due. I understand that tuition payments are due on the 1st of each month and delinquent after the 10th unless the account is set up for Electronic Funds Transfer (EFT), which can be set to draft a checking or savings account on the 1st or 15th each month. Accounts not on EFT will be assessed late fees as described in the tuition brochure. The return check or insufficient draft funds will result in a fee of \$25.00.
3. If for any reason I withdraw my child from Ava Victory Academy, I understand that my child's academic record will be held by the school until the final bill is paid in full.
4. The school administration has full responsibility in placing my child in the proper grade level.

5. The school has full discretion in the classroom discipline of my child, and will follow the guidelines set forth in the handbook. I believe that discipline is necessary for the welfare of each student, as well as for the entire school. I give permission for my child's teacher and/or other agent of the school to make and enforce classroom regulation in a manner consistent with Christian principles and discipline as set forth in the Scriptures. I understand that Ava Victory Academy does **NOT** at any time administer spankings.
6. I understand that the school reserves the right to expel any student who does not abide by its policies or any student whose parents or guardians fail to cooperate with the school administration.
7. My child may go on scheduled field trips.
8. I agree that should my child become ill or suffer injury of any nature during the time that he/she is in attendance at Ava Victory Academy, said school shall undertake to contact me immediately. In the event said school is unable to reach me, it shall be authorized to secure such medical attention and care as may be necessary. The parent or guardian shall assume responsibility of payment or such attention.
9. I agree that Ava Victory Academy shall not be held responsible for any accidents or incidents that might occur during normal play or activity within regular daily hours of Ava Victory Academy.
10. I give Ava Victory Academy permission for my child to take part in all school activities, including bus trips, sports activities, and school sponsored trips away from the school premises.
11. I agree to hold the school and its agents harmless for any liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of any injury to my child. Should legal action, for any reason, be taken against Ava Victory Academy or any employees or agent thereof on my child's behalf and the school or its agent not be found at fault, I agree to pay any attorney's fees, court fees, damages or other costs that Ava Victory Academy or its agent should incur to defend itself against such action.

Ava Victory Academy admits students of any race, color, and national or ethnic origin.

Signature: _____ Date: _____
(Father)

Signature: _____ Date: _____
(Mother)

Statement of Faith

We believe the Bible to be the only inspired, authoritative Word of God, and a complete revelation of God (11 Tim. 3:16). We believe there is one God, eternally existent in three persons: Father, Son, and Holy Spirit (Matt. 28:19). We believe in the deity of Christ, in His virgin birth, in His sinless life, in His miracles, in His vicarious atonement, in His bodily resurrection, in His ascension to the right hand of the Father, and in His personal, visible second coming. We believe the ministry of the Holy Spirit is to glorify the Lord Jesus Christ; and during this age to convict men of sin, righteousness and judgment to come; regenerate, indwell, guide, instruct, and empower all true believers in Christ, and fill those yielded to God. We believe in the absolute necessity of regeneration of the heart, and that the shed blood of Jesus Christ and His resurrection provide the only ground for salvation to all who believe, and only such as receive Jesus Christ are born of the Spirit and then become children of God. We believe that all who are saved are called unto a Spirit-filled life; separated from all worldly and sinful practices; as well as to a life of service. We believe in the bodily resurrection and judgment of both the saved and the lost; they that are saved unto the resurrection of life; and they that are lost unto the resurrection of eternal damnation. We believe in the spiritual unity of believers in Christ.

I have read the above statement and I am in agreement with it.

Parent's Signature: _____

Statement of Cooperation

It is my understanding that the policy for the school is to make no refunds on registration fees, book fees, ACSI fees, snack fees, supply fees or partial month tuition and set fees. I give Ava Victory Academy permission for my child to take part in all school activities, including bus trips, sports activities, and school sponsored trips away from the school premises. I agree to hold the school and its agents harmless for any liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of any injury to my child. Should legal action, for any reason, be taken against Ava Victory Academy or any employee or agent thereof on my child's behalf and the school or its agent not be found at fault. I agree to pay any attorney's fees, court fees, damages or other costs that Ava Victory Academy or its agent should incur to defend itself against such action. I believe that discipline is necessary for the welfare of each student, as well as for the entire school. I give permission for my child's teacher and/or other agent of the school to make and enforce classroom regulation in a manner consistent with Christian principles and discipline as set forth in the Scriptures. I understand that Ava Victory Academy does NOT at any time administer spankings.

This statement of Cooperation will be in effect for as long as my child(ren) listed (or others to be enrolled) attend Ava Victory Academy whether it be in the Preschool, Elementary, Middle School, or High School.

I understand that should my marital status change, it is my responsibility to have a corrected Statement of Cooperation signed and updated and delivered to Ava Victory Academy. Ava Victory Academy admits students of any race, color, and national or ethnic origin.

List Child(ren's) Names & Grades:

(Principal's Signature)

Signatures:

(Father)

(Mother)

Both Parent's MUST sign.

(Guardian)

(Date)

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Medical Information Card

Name: _____ Grade: _____

 Last First

Physician: _____ Phone: _____ Date of last Physical: _____

Dentist: _____ Phone: _____ Date of last Exam: _____

Chronic Illness: _____

Routine Medications: _____ Dosage: _____

Allergies: _____ Emergency Treatment Needed: _____

May your child participate in school health screenings? Yes _____ No _____

Is your child covered by insurance? Yes _____ No _____ Medicaid # _____

Insurance Company: _____ Policy # _____

Additional information that would be helpful to the nurse: _____

May the school be allowed to give your child Children's pain reliever for headache (either Tylenol, Motrin, or Advil), or over the counter cough, cold or allergy medicine for cold or allergy symptoms, or Tums (or generic form of Tums) for stomach ache. The recommended dosage on the bottle will be followed.

Yes _____ No _____ Please call first _____

Parent's Signature & Date: _____ Daytime phone # _____

If we do not have signed form on file we will NOT administer any of the above.

When administering prescription medicine a different form will need to be filled out. This form may be picked up in the office.

If your child is running a fever of 100 degrees or greater, or is feeling too poorly to remain at school, parents will be notified immediately.

Ava Victory Academy has been advised that area hospitals are hesitant to provide medical treatment for a student unless the parent/guardian is available to sign a release form. However, they did indicate that they would treat the student if the parent/guardian provided an authorization indicating that a medical facility could provide treatment in case of an accident and/or emergency. Therefore, the following has been developed to help provide treatment, if necessary, when students are participating in school activities such as field trips, sporting events, etc.

In the event of an emergency and we cannot be reached, we give consent for Ava Victory Academy and its employees to give such medical care as reasonably necessary for the welfare of the student. We will hold the school, its employees, agents, representatives, coaches, volunteers, harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature which may arise with participation of my child in any activities, as long as the representative acts in a responsible manner.

Parent's Signature: _____ Date: _____

Teacher Information Sheet

Student's Name: _____ Preferred Name: _____
First Last

Student's Birthday: _____ Student's Grade: _____

Any physical difficulties: _____

Any food allergies: _____

Parent's Names: _____
(Father) (Mother)

With whom does student reside? _____

Is this the legal guardian: _____ Yes _____ No

Daytime Phone Numbers: _____
cell (Father) work cell (Mother) work

Family Address: _____

Family Home Phone: _____ Email Address: _____

Emergency Name(s) _____ Number(s): _____

Family Church name and address: _____

Pastor's name and contact number: _____

My child regularly gets to school:

_____ by bus
_____ by car with _____
_____ by walking
_____ is in early care

My child regularly leaves school:

_____ by bus
_____ by car with _____
_____ by walking
_____ goes to extended care

Please list the people who can pick student up from school, any one not on the list will be unable to leave with your child.

	<u>Name</u>	<u>Phone Number</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

In case of early release from school (i.e. bad weather), please list phone numbers and contact people. Please start with parents if you can be contacted during the day.

	<u>Name</u>	<u>Phone Number</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Please use the back for additional information about your child that would be helpful to the teacher.

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