

VICTORY ACADEMY

A ministry of Christian Center of the Ozarks

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PRESCHOOL & PRE-KINDERGARTEN ENROLLMENT APPLICATION

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

Student's Full Name: _____

Name to be called: _____ SS# _____

Address: _____ Phone: _____

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

My child is _____ potty trained _____ almost potty trained _____ not potty trained

Requirements:

2-Year Old Preschool – Child must be 2-years old by August 1st, and must have begun potty training.

3-Year Old Preschool – Child must be 3-years old by August 1st, must be completely potty trained and minimum enrollment is 2-days per week.

Pre-Kindergarten – Child must be 4-years old by August 1st and minimum enrollment is 3-days per week.

I would like for my child to attend on the following days *(please circle):

Monday Tuesday Wednesday Thursday Friday _____full days _____1/2days

**Spaces are limited and will be awarded on a first-come, first-served basis*

Has your child received required state immunizations? Yes _____ No _____

**If no, please explain on back. A shot record or waiver is required to attend the Academy.*

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: _____
E-mail: _____
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: _____
E-mail: _____
Cell Phone: _____
Mother's Employer: _____
Occupation: _____
Employer's Address: _____
Work Phone: _____
Education: High School _____ Years
College _____ Years
Marital Status: Married _____ Divorced _____
Widower _____ Separated _____

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

How did you learn of the Academy? Other Parent ___ Teacher ___ Newspaper ___ Radio ___ Flyer ___
Other _____

Church Affiliation _____ Pastor _____ No. of years _____

Are you a member? Yes _____ 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 _____

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

1. I understand there is a nonrefundable re-enrollment fee of \$35 due with this form.
2. I understand that tuition is approximately \$20.00 per day including in house lunches but not including other fees such as extend care, field trip, catered lunches, etc. This tuition will be billed through the FACTS system.
3. I will be responsible for and punctual in making regular tuition payments for each month that my 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 any other fees incurred such as lunch, extend care, etc, are billed through the FACTS system unless paid up front, and will incur late fees if not paid by date set in the FACTS system. If at any time, my child is withdrawn from Victory Academy, I will pay the remainder of my balance due. I understand that if this is not paid in full, the administration will take necessary legal steps to acquire the past due amount, and I will be held responsible for any legal fees.
4. 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 Victory Academy does **NOT** use corporal punishment.

5. 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.
6. I agree that should my child become ill or suffer injury of any nature during the time that he/she is in attendance at 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.
7. I agree that Victory Academy shall not be held responsible for any accidents or incidents that might occur during regular school day or school sponsored functions.
8. I give 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.
9. 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 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 Victory Academy or its agent should incur to defend itself against such action.
10. I will receive a parent/student handbook and agree to read and return the signature page within 10 days.

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

Signature: _____ Date: _____
(Father)

Signature: _____ Date: _____
(Mother)

Office Use Only: Date Received: _____ Amount Paid: _____ Method of Payment: _____
Class Assignment: _____

Statement of Faith

We believe the Bible to be the only inspired, authoritative Word of God and a complete revelation of God (2 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, His virgin birth, His sinless life, His miracles, His vicarious atonement, His bodily resurrection, His ascension to the right hand of the Father, and His personal, visible second coming. We believe the ministry of the Holy Spirit is the following: to glorify the Lord Jesus Christ and during this age, to make men aware of sin, righteousness and judgment to come; to regenerate, indwell, guide, instruct, and empower all true believers in Christ; and to 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 means for salvation, to all who believe. Therefore, only such as receive Jesus Christ are born of the Spirit and become children of God. We believe all who are saved are called unto a Spirit-filled life of service, separated from all worldly and sinful practices. 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 Jesus, both here on earth and in eternity to come.

I have read the above statement and agree to it with no reservations.

Parent's Signature: _____

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 _____ 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 _____

Phone number to best reach you during school hours _____

Parent's Signature & Date: _____

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.

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 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: _____

