

FAMILY REGISTRATION



Return this form along with registration fees to the north office.

School year applying for: _____ Date form completed: _____ Registration fee total: _____

Registration fees: Pre-K – 12th grade - \$100 (per student)

STUDENT INFORMATION

| LAST NAME | FIRST NAME | GENDER | AGE | BIRTHDATE | GRADE ENTERING |
|-----------|------------|--------|-------|-----------|----------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

3-year-old Preschool: __ 2 day (T/TH) __ 3 day (M/W/F) __ 5 day **4-year-old Preschool:** __ 4 day (M-TH) __ 5 day

Address: _____ City/State/Zip: _____

Church family attends: _____

Medical concerns (allergies, conditions, etc.): _____

EpiPen, inhaler or special equipment required: _____

If special equipment is required, a signed Self Administer Medication form must be turned into the office prior to the first day of school.

EMERGENCY

Emergency contact: _____ Cell: _____

PARENT/GUARDIAN INFORMATION

Mother's name: _____

Father's name: _____

Cell number: _____

Cell number: _____

Work number: _____

Work number: _____

Email: _____

Email: _____

Address: _____

Address: _____

(If different than above) _____

(If different than above) _____

Occupation and Employer: _____

Occupation and Employer: _____

(if applicable)

(if applicable)

Step Mother's name: _____

Step Father's name: _____

Cell number: _____

Cell number: _____

AUTHORIZATION

Medical Emergency. In case of medical emergency, we authorize school officials to make the best decision on behalf of our child(ren) if we cannot be reached in a timely manner. __Agree __Disagree

Medication. My child(ren) has my permission to receive acetaminophen, ibuprofen, antacids, cough drops and minor first aid treatment upon request. __Agree __Disagree

Riding the VCS School Bus/Van. My child has permission to ride the school bus to and from school events. __Agree __Disagree

Media Agreement. I grant permission for my child and family to be included in any film, video, print, yearbook and/or website for the sole purpose of marketing Valley Christian School, without any form of compensation or notification. __Agree __Disagree

School Directory. I grant permission for my family's name, address and phone number to be included in the VCS contact directory that will be distributed to all VCS school families, faculty and staff. __Agree __Disagree

TUITION PAYMENT SCHEDULE

__ Single Payment (2% discount applied if paid before 8/1 or in the case of late enrollment, before the student begins school).

FACTS Automated Bank Withdrawal Schedule (plan and date of auto withdrawal)

Monthly Payment Plan: __12 Month Plan (July – June) __10 Month Plan (Sept. – June)

Monthly Withdrawal Date: __5th of the month __20th of the month

PARENT AGREEMENT

We have studied the Student Handbook and agree with and support all the policies of Valley Christian School. We are aware that the Board Policy handbook and the Student Handbooks are available in the north office. We agree to the Board of Directors policy on tuition and payment of the same, along with any late fees. We agree to submit to and support the rules, guidelines and expectations of any program at Valley Christian School in which our child(ren) participate. We will process any grievances according to Matthew 18:15-20 and will abide by any final decisions the Board of Directors may make in that matter.

PARENT/GUARDIAN SIGNATURE

MOTHER

FATHER

Print Name: _____

Print Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

OFFICE USE ONLY

__ Registration fees received by accounting office. Amount received: _____ Date received: _____

Notes: _____
