

Victory Christian School
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VictoryChristianSchool.org

For Office Use Only

Date Rec'd _____
Registration Fee paid: _____
Check# _____

Victory Christian School Childcare Application

The non-refundable Registration Fee of \$100.00 must be submitted with your application for the application process to begin.

Times we intend to drop our child(ren) off and pick up: Drop Off _____ Pick Up _____ (9 hour limit)

I. INFORMATION CONCERNING THE STUDENT:

Name _____
Last First Middle

Age _____ Birth date _____ Nickname _____
Mo Day Year

Male ☐ Female ☐

Home Address _____ City _____ State _____ Zip _____

Father's Name _____ Mother's Name _____

E-Mail (Father) _____ E-Mail (Mother) _____

Employment (Father) _____ Employment (Mother) _____

Occupation (Father) _____ Occupation (Mother) _____

Work Phone (Father) (____) _____ Work Phone (Mother) (____) _____

Cell Phone (Father) (____) _____ Cell Phone (Mother) (____) _____

Church Regularly Attending _____ Are You Church Members? Yes ☐ No ☐

Do you want to be included in our student directory for distribution to school families? ____ Yes ____ No

Student resides with: Both Parents _____ Father _____ Mother _____

Other (Explain) _____

Childcare families are required to engage in fundraising and give 10 hours of volunteer time. There will be a list provided for you to choose from.

Victory Christian School & Childcare admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, & activities generally accorded or made available to students at the school. It does not discriminate based on color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and financial aid programs, and other school-administered programs.

Name(s) and Grade(s) of other children in the household:

Name	Date of Birth	School Attending	Seeking Admission at VCS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

II. References

Is this your first childcare experience? If not, where did your child previously attend childcare?

- | Name | Address | Home / work phone | Dates |
|-------|---------|-------------------|-------|
| _____ | _____ | _____ | _____ |
- | Name | Address | Home / work phone | Dates |
|-------|---------|-------------------|-------|
| _____ | _____ | _____ | _____ |
- | Name | Address | Home / work phone | Dates |
|-------|---------|-------------------|-------|
| _____ | _____ | _____ | _____ |

Please provide three character references (**other than family members**).

- | Name | Address | Home / work phone | Employer |
|-------|---------|-------------------|----------|
| _____ | _____ | _____ | _____ |
- | Name | Address | Home / work phone | Pastor |
|-------|---------|-------------------|--------|
| _____ | _____ | _____ | _____ |
- | Name | Address | Home / work phone | Other |
|-------|---------|-------------------|-------|
| _____ | _____ | _____ | _____ |

III. PARENTAL AGREEMENT:

Please read our Mission Statement and Statement of Faith carefully. These Biblical principles and truths need to be upheld and encouraged at home as well as at school. Victory Christian School's biblical role is to work in conjunction with the home to mold students to be Christ-like. The school reserves the right, within its sole discretion, to refuse admission of an applicant or to discontinue enrollment of a student. We would ask your prayerful consideration in the signing of this application.

TO THE BEST OF MY KNOWLEDGE, ALL STATEMENTS ARE TRUE AND COMPLETE.

I understand that any admission into Victory Christian School & Childcare is contingent upon the completeness and accuracy of this application, supporting records, transcripts, birth certificate and immunization records. A student can be subject to dismissal for false or incomplete information on this form.

We/I accept the regulations of Victory Christian School & Childcare, and we/I authorize the school to employ wise disciplining methods with my child. Further, we agree to cooperate with the school by disciplining our child at home.

We/I promise to pay my financial obligations to VCS on or before the due date or accept the late charges as described in our financial policies if payment has not been received on time. We/I understand if our account is 60 days delinquent without special payment arrangements, our child will not be allowed to attend class. We/I also understand that student records will not be released until our account is paid in full.

We/I give consent for my child to take part in school activities/field trips and absolve the school of liability because of injury to my child during school activities, except for the willful, wanton, or reckless misconduct of Victory Christian School, its employees, and/or volunteers.

We/I pledge my cooperation in regular tuition payments, practical service, prayer, and special gifts as the Lord enables me. Further, We/I understand that the Statement of Faith is the foundation of Victory Christian School's biblical teaching and that my child will be taught accordingly.

We/I understand that the school reserves the right to discipline or expel any student who does not cooperate with the educational process and school policies, on or off campus. The school does not tolerate conduct that violates biblical principles, dishonors God, or casts a poor reflection on the name and reputation of the school.

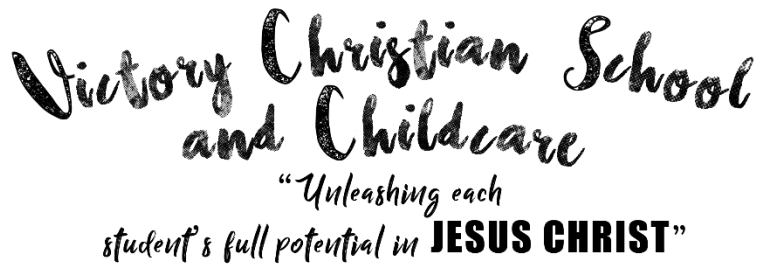
We/I understand that when a student is withdrawn or expelled, the current month's charges are due and payable, and our child's academic records will not be released until any outstanding balances are paid in full. We also understand that assessments will be made if our child is responsible for damage to any school property.

Continuation of enrollment from year to year is not guaranteed. Re-enrollment is subject to school admission policies. Any balance from previous year must be paid in full before re-enrollment is approved.

We/I have read the terms stated on the application and agree thereto:

Date _____ Signature of Mother/Guardian _____
Printed Name _____

Date _____ Signature of Father/Guardian _____
Printed Name _____



2022 – 2023 Release Form

Videos and Live Streaming

I will allow my child to be included in a video or live streaming event taken of the class or school functions. I understand that these events will be viewable on social media.

Yes / No (Please circle)

Pictures/Class List/Telephone Number

Do you want to be included in our student directory for distribution to school families?

Yes / No (Please circle)

Are you willing to allow Victory Christian School & Childcare to publish pictures of your child?

Yes / No (Please circle)

Medical Attention Release

I, the undersigned, give consent to have medical assistance given to my child while under the care of Victory Christian School & Childcare Staff. All staff members are/will be certified in First Aid and CPR. An incident report will given to the parent at departure if any attention was needed.

If ambulance is needed, our emergency designee will escort your child in the ambulance. Parents will be called immediately.

Child's Name: _____

Parent's Signature: _____

Home Telephone: _____ Work Phone: _____

Cell Phone (Dad): _____ Cell Phone (Mom): _____

Physician's Name: _____

Date: _____

2022 – 2023 Victory Christian Childcare Contract

As a parent of a child/children in the Victory Christian Childcare, I understand and agree to the following:

1. All decisions and curriculum will be carefully prayed about and wisdom will be sought from the Bible.
2. The registration fee paid at the time of enrollment is non-refundable. Your child's enrollment is guaranteed once the fee has been received. No placement will be held until the registration form has been completed. Registration fee must accompany the registration form.
3. A one month notice of withdrawal is required.
4. Upon the discretion of the Director, it may be determined that the needs of a student may be beyond the program's service delivery capacity. In such a situation, the parents will be given a one month notice that the child is being withdrawn. The parent(s) may choose to have their child leave before the end of that period. Fees will be charged through the child's last day of attendance.
5. I agree that continued enrollment of my child is dependent on my parental support of the school, staff, and policies.
6. There will be no tuition refund if a child is absent.
7. The following forms must be completed and returned before Childcare begins: Contract, Student Registration Form, Parent's Statement on Health of Child, Immunization Record, Birth Certificate, Release Form for pictures/class list/telephone number, Parent Request for No Insect Repellent and/or Sunscreen Form(s), Agreement with Statement of Faith, current/updated "Authorization to Release Form" and Infant Sleep Permission Form and Medical Attention Release.
8. Appropriate immunizations must have been completed before school begins or signed exemption form on record.

Name(s) of Child(ren) enrolled: _____

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

2022 – 2023 Victory Christian School & Childcare Statement of Faith

Victory Christian School & Childcare believes the following Biblical truths:

1. The Bible, including both Old and New Testaments as originally given, is the verbally and plenary inspired Word of God and is free from error in the whole and in the part, and is therefore the final authoritative guide for faith and conduct.
2. There is one God eternally existent in three distinct persons in one divine essence, Father, Son and Holy Spirit.
3. God the Father has revealed Himself as the Creator and preserver of the universe, to Whom the entire creation and all creatures are subject.
4. The deity of Jesus Christ, His virgin birth, His sinless life, His atoning believers, and His personal return in power and glory.
5. That mankind is sinful, lost and in need of salvation received by grace through faith and in need of rebirth by the Holy Spirit.

Victory Christian School & Childcare operates as a nondenominational, evangelical Christian Education School commissioned to provide a high-quality Christ centered education following the guidelines previously stated above.

I have carefully read the Statement of Faith and the Mission Statement for Victory Christian School & Childcare. I understand and agree that they will be the basis for all teaching and policies.

Signatures:

Father/Stepfather/Guardian (Date)

Mother/Stepmother/Guardian (Date)



PARENT'S STATEMENT ON HEALTH OF CHILD

ND DEPARTMENT OF HUMAN SERVICES/CFS

SFN 847 (Rev. 11-2008)

INSTRUCTIONS: This form must be completed annually for any child enrolled in a licensed early childhood facility.

This form is completed by a parent or guardian of the child.

Full Legal Name of Child:		Birth Date:	Enrollment Date:	Please check one: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Dropin <input type="checkbox"/> B/A School													
Full Legal Name(s) of Parent or Guardian:				Relationship:													
Address:		City:	State:	ZIP Code:													
Home Telephone Number:	Work Telephone Number:	Family Dentist:															
Family Physician:		Clinic:	Telephone Number:														
Hospital:			Telephone Number:														
Last Visit to Doctor:		Child's Height:	Child's Weight:														
Does The Child Have Any food, medication or environmental allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No																	
If Yes, List Allergies:		Describe Allergy Reaction:		Usual Treatment:													
<p>Please Check If Any Of The Following Conditions Exist:</p> <table><tr><td><input type="checkbox"/> Asthma</td><td><input type="checkbox"/> Heart Condition</td><td><input type="checkbox"/> Hearing Impairment</td><td><input type="checkbox"/> Behavioral Issues</td></tr><tr><td><input type="checkbox"/> Diabetes</td><td><input type="checkbox"/> Seizure Disorder</td><td><input type="checkbox"/> Frequent Earaches</td><td><input type="checkbox"/> Other Conditions (please specify):</td></tr><tr><td><input type="checkbox"/> Vision Impairment</td><td colspan="3">_____</td></tr></table>						<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Behavioral Issues	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Frequent Earaches	<input type="checkbox"/> Other Conditions (please specify):	<input type="checkbox"/> Vision Impairment	_____		
<input type="checkbox"/> Asthma	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Behavioral Issues														
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure Disorder	<input type="checkbox"/> Frequent Earaches	<input type="checkbox"/> Other Conditions (please specify):														
<input type="checkbox"/> Vision Impairment	_____																
Please Explain All Checked Items:																	
Is The Child Under Current Medical Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:																	
Are There Any Medications That The Child Takes Daily? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:																	
Describe Any Limitation Your Child May Have For Participation In An Early Childhood Program:																	
Is there a health care plan for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach																	

INSURANCE:

Liability insurance is not a requirement for a license to provide family or group child care. Please review with your child care provider the liability coverage that is presently in place.

CERTIFICATION:

I certify that the above information is true to the best of my knowledge.

Parent or Guardian's Signature:	Date
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INFANT SLEEP PERMISSION FORM

The American Academy of Pediatrics recommends keeping soft objects and loose bedding (including blankets) out of the crib/playpen to reduce the risk of SIDS, suffocation, entrapment, and strangulation for infants under the age of 12 months. The AAP recommends the use of pacifiers for sleep. Studies have reported a protective effect of pacifiers on the incidence of SIDS. Pacifiers should be checked for tears before each use.

Effective January 1, 2013, NO Child Care Licensing Regulations state:

With written parental permission, the provider may place one individual infant blanket or sleep sack, a pacifier, and a security item that does not pose a risk of suffocation to the infant in the crib or portable crib while the infant is sleeping or preparing to sleep.

* Providers are not required to allow these items.

PARENT/GUARDIAN AUTHORIZATION

I have read the information on this form and give _____ permission
Print Name or Provider/Program

to use the following checked item(s) when my infant _____ is sleeping or preparing
to sleep: *Print Infant's Name*

_____ One infant blanket (a thin blanket is recommended)

- A written order from a health care provider is required to use more than one blanket.
- If infant is being swaddled, the blanket should not come any higher than to the shoulders of the infant; blanket needs to be loose enough for a hand to fit between the blanket and the infant's chest; blanket should be kept loose around infant's hips.
- Swaddling is recommended by the AAP to be discontinued once the infant reaches 2 months of age or sooner if showing signs of rolling.
- Licensing requires swaddling to be discontinued once an infant become mobile.
- A written order from a health care provider is required to continue swaddling after an infant becomes mobile.

_____ Sleep sack

- Swaddle sleep sacks (with arm panels) are recommended to be discontinued once an infant reaches 2 months of age or sooner if showing signs of rolling. Once the infant shows signs of rolling over or reaches 2 months of age, sleeveless sleep sacks should be used.

_____ Pacifier - not allowed to be attached to a clip/strap or to a stuffed animal or toy

_____ Security item (specify item) _____

- *Necklaces (including teething necklaces) are not allowed
- *Bibs are not allowed
- *Headbands should be removed

Name of Parent/Guardian (please print) _____

Parent/guardian Signature _____ Date: _____

** It is recommended to place a copy of this form in the infant's file as well as post near the infant's crib/playpen (out of infant's reach) for providers/staff to reference.

PARENT REQUEST FOR NO INSECT REPELLENT

Name of child: _____ Date of Birth: _____ Age: _____

_____ My child is 2 months or older

_____ Please do not apply insect repellent to my child

As the parent/guardian, I recognize that insect bites pose a risk of an allergic reaction and disease. I understand that my child will be taken outside on a daily basis (weather permitting).

I will not hold _____ liable for any insect bites or reaction/disease related to insect bites. (Name of provider/facility)

Expiration date of permission form: _____

Parent(s) or guardian(s) name: _____

Signature of parent/guardian: _____ Date: _____

PARENT REQUEST FOR NO SUNSCREEN

Name of child: _____ Date of Birth: _____ Age: _____

_____ My child is 6 months or older

_____ Please do not apply sunscreen to my child

As the parent/guardian, I recognize that sunburns to my child pose a risk of skin damage and skin cancer. I understand that my child will be taken outside on a daily basis (weather permitting).

I will not hold _____ liable for any skin damage related to sunburns.
(Name of provider/facility)

Expiration date of permission form: _____

Parent(s) or guardian(s) name: _____

Signature of parent/guardian: _____ Date: _____



CHILD INFORMATION SHEET

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES

CHILDREN AND FAMILY SERVICES

SFN 845 (2-2020)

Every Early Childhood Program is required to have certain information on file. These requirements are set forth in the rules and regulations for Early Childhood Services as adopted by the North Dakota Department of Human Services. All information requested herein is required and shall be kept confidential.

Child's Name	Date Child Enrolled	Preferred or Nickname of Child	Date of Birth
Parent's Name	Home Telephone Number	Cell Phone Number	Work Telephone Number
Home Address			
Place of Employment			Hours of Work
Parent's Name	Home Telephone Number	Cell Phone Number	Work Telephone Number
Home Address			
Place of Employment			Hours of Work

EMERGENCY AUTHORIZATION

In case of an emergency and parents cannot be reached, who should be contacted?

Name	Relationship to Child	Work Telephone Number	Home Telephone Number
Name	Relationship to Child	Work Telephone Number	Home Telephone Number
Physician to Call in an Emergency			Clinic Telephone Number
Dentist to Call in an Emergency			Clinic Telephone Number

I hereby authorize the Early Childhood Program to secure emergency medical treatment for my child under the following conditions:

1. An emergency or unanticipated condition necessitates immediate action for the preservation of the life or health of the child, and
2. Reasonable attempts to contact me have failed.

Parent Signature	Date	Parent Signature	Date
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AUTHORIZATION TO RELEASE CHILD

Unless otherwise authorized by you in writing, only the parent or legal guardian may pick up your child(ren) from the Early Childhood Program. List below any others you wish to authorize for this purpose.

Name	Relationship to Child	Telephone Number
Name	Relationship to Child	Telephone Number
Name	Relationship to Child	Telephone Number

These people are **NOT** allowed to pick up my child.

Name	Relationship to Child
Name	Relationship to Child

For Operator Use Only:

The identification of this child has been verified. As proof of identification, the child's parent has produced:	
<input type="checkbox"/> Copy of Child's Birth Certificate <input type="checkbox"/> Child's Passport <input type="checkbox"/> Other _____	
Signature of Operator	