

Victory Christian School
510 9th Avenue SW
Jamestown, ND 58401
701-251-1570
Office@VictoryChristianSchool.org
FAX 701-952-1570
VictoryChristianSchool.org

For Office Use Only

Date Rec'd _____
Registration Fee of \$50 paid: _____
Check# _____
Payment Plan Y N
Scholarship Application Y N
Enrollment Letter Y N

Registration Date _____

Victory Christian School New Pre-K Student Application

This application does not assure final enrollment but provides information upon which a decision will be based. Application fee of \$50.00 Pre-K must accompany application. The following items MUST be submitted with your application for the enrollment process to begin: Registration Fee (non-refundable except when a student is not accepted by VCS), and a copy of student's birth certificate and immunization record.

Pre-K Class: 5 Days; Half Day ____ 5 Days Full Day ____ Before School ____ After School ____

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) _____

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) _____

Last School Attended _____

Address _____
Street City State Zip

If your child has attended another school, how would you characterize your son/daughter's performance in school so far?

How did you hear of about Victory Christian School? _____

Why are you interested in enrolling your child(ren) at VCS? _____

Do you have any hobbies or interests that you would be willing to share with a class? ____ Yes ____ No

Father: _____

Mother: _____

Each Pre-K family is required to give 20 hours of volunteer time to help with events and special projects for the school. There will be a list provided to you that you may choose from.

Victory Christian School 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.

II. INFORMATION CONCERNING THE FAMILY:

Father's name _____ Mother's name _____

Address _____ Address _____

Employment _____ Employment _____

Occupation _____ Occupation _____

Pastor's Name _____ Youth Pastor's Name _____

How often do you attend church: ____ Weekly ____ Monthly ____ Annually ____ Never

Do you know if you have eternal life? _____ On what do you base your answer? _____

What practices do you follow daily to provide spiritual growth for you and your child(ren)? _____

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

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

Has the student had any disciplinary difficulty at home or at a previously attended school? _____ If so, please explain:

Has the student ever received special educational services? (IEPs, etc.) _____ If so, state when and for what services:

Special Physical/Academic needs: _____

Does the student receive medication on a regular basis? _____ Type of medication(s) _____

Reason for medication _____

III. AUTHORIZATION TO RELEASE:

The following people are authorized to pick up my child after school:

1. Name: _____ Relationship to child: _____

Address: _____ Home Number: _____ Cell Number _____

2. Name: _____ Relationship to child: _____

Address: _____ Home Number: _____ Cell Number _____

3. Name: _____ Relationship to child: _____

Address: _____ Home Number: _____ Cell Number _____

4. Name: _____ Relationship to child: _____

Address: _____ Home Number: _____ Cell Number _____

Is there anyone who is NOT AUTHORIZED to pick up your child?

1. Name: _____ Relationship to child: _____

2. Name: _____ Relationship to child: _____

Are there any restraining orders in place? _____ If so, please identify:

1. Name: _____ Relationship to child: _____

2. Name: _____ Relationship to child: _____

Are there restraining orders in place? If so, please identify:

1. Name: _____ Relationship to child: _____

2. Name: _____ Relationship to child: _____

Statement of Faith:

Victory Christian School 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 death on the cross, His bodily resurrection, His intercession for 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 operates as an interdenominational, 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. I understand and agree that they will be the basis for all teaching and policies.

Signatures:

Father/Stepfather/Guardian (Date)

Mother/Stepmother/Guardian (Date)

IV. 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 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, and well 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.

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 _____



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:	
Please Check If Any Of The Following Conditions Exist:					
<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
---------------------------------	------

2020-2021 School Immunization Requirements

Vaccine Type	Number of Required Doses		
	Kindergarten-6	Grades 7-10	Grade 11-12
DTaP/DTP/DT/Tdap/Td*	5	5	5
Hepatitis B	3	3	3
IPV/OPV^{†‡}	4	4	4
MMR	2	2	2
Varicella (Chickenpox)	2	2	2
Meningococcal[¶]	0	1	2
Tdap[⊖]	0	1	1

- * One dose of DTaP (pediatric diphtheria, tetanus, and acellular pertussis) vaccine must have been given on or after the fourth birthday. Only four doses are necessary if the fourth dose was administered on or after the fourth birthday. Three doses of Tdap (adolescent/adult tetanus, diphtheria, and acellular pertussis)/Td are required for children ages seven or older who were not previously vaccinated. Tdap should be used as the first dose followed by two doses of Td for children age seven or older not previously vaccinated.
- † For polio vaccination, in an all-IPV or all-OPV schedule: one dose must have been given on or after the fourth birthday. The final dose in the series should be administered on or after the fourth birthday and at least six months after the previous dose. If four doses are administered prior to age four, a fifth dose should be administered on or after age four. Only three doses of IPV are required if the third dose is given on or after the fourth birthday. Children born before August 2005 only need four doses separated by at least four weeks. These children do not need a dose after the age of four.
- ‡ Any doses of OPV administered after April 1, 2016, should not be counted as valid, because it was bivalent or monovalent vaccine, rather than trivalent. The child should be revaccinated with IPV vaccine, accordingly.
- ¶ One dose of meningococcal conjugate vaccine (MCV4) must have been given on or after the tenth birthday. The second dose of MCV4 must be given on or after the sixteenth birthday. If the first dose of MCV4 is given after the sixteenth birthday, then only one dose of MCV4 is required for eleventh and twelfth grade.
- ⊖ One dose of Tdap must have been given on or after the eleventh birthday.

Exemptions

Students may be exempt from immunization requirements for the following reasons:

- **Medical Exemption:** Requires a certificate signed by a licensed physician stating that the physical condition of the child is such that immunization would endanger the life or health of the child.
- **Personal Belief or Religious Belief Exemption:** Requires a certificate signed by the parent or guardian whose sincerely held philosophical, moral or religious belief is opposed to such immunization.
- **History of Disease Exemption:** Requires a certificate signed by a physician stating that the child has a reliable history of disease. History of disease exemptions may only be claimed for hepatitis B, varicella, measles, mumps, or rubella.

Exclusion

All children must be up-to-date according to the school immunization requirements or have claimed an exemption by **October 1st** of each school year or they must be excluded from school. Children enrolling in school after October 1st have 30 days to be up-to-date or claim an exemption or they must be excluded from school.

2021-2022

Victory Christian School
Financial Aid Application

Please complete the application and return in the enclosed envelope and place in the VCS tuition box on or before April 15 ,2021.

Please print and complete both sides of form and remember to include a copy of the tax form.

Father's/Guardian's Name _____

Mother's/Guardian's Name _____

Address _____

Day Phone _____ Cell Phone _____

Children's Names and Grades entering in 2021 - 2022 (All Children, not just those attending VCS)

Child _____ Grade ____ School _____

Child _____ Grade ____ School _____

Child _____ Grade ____ School _____

Child _____ Grade ____ School _____

2020 Tax Form (Please Attach Copy)

____ 1040 EZ

____ 1040

____ 1040 A

Financial Information from the above Tax Form

2020 Gross Adjusted income (father and mother) _____

Number of people in your household _____

Number of children in private school (PreK thru 12) _____

Number of children in college _____

Other taxable income _____

Other Scholarships _____

Your Monthly Expenses:

Table with 3 columns: Expense Category, Amount, and Balance. Rows include Total Cost of Food, Rent, Homeowners Insurance, Heat, Prescriptions, Vehicle Payments, Daycare, Personal Care Cost, Other Expenses, Total Monthly Income, Less Food Stamps, Home Mortgage, Water, Telephone Land & Cell, Medical Bills, Vehicle Insurance, Tools for employment, Credit Card Payments, Total Monthly Expenses, Net Food Cost, Property Tax, Electricity, Other Utilities, Medical Insurance, Gas or other transportation cost, Clothes for employment, Other Mandatory Payments, and Balance.

Completion of this form does not guarantee financial aid. Your tax form will be shredded by our scholarship committee. Your information will be kept confidential. You will be notified by our treasurer of the determination.

Parent/Guardian Signature _____ Date _____

Victory Christian School

*"Unleashing each student's full potential in **JESUS CHRIST**"*

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 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 Staff. All staff members at Victory Christian School 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: _____

Victory Christian School Contract

As a parent of a child/children in the Victory Christian School, 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 and fee have been paid.
3. A one month notice of withdrawal is required. Tuition will be charged through that period.
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. Tuition 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 school begins: Contract, Student Registration Form, Parent's Statement on Health of Child, Immunization Record, Release Form for pictures/class list/telephone number, current/updated "Authorization to Release Form" and Medical Attention Release.
8. Appropriate immunizations must have been completed before school begins.

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

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