



For Office Use Only

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

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VictoryChristianSchool.org

PRE-K, KINDERGARTEN – 8TH GRADE STUDENT APPLICATION

Due Date: March 15, 2024

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

Check Grade Option:

Pre-K (Half Day) _____ Pre-K (Full Day) _____ Kindergarten _____ First _____ Second _____ Third _____ Fourth _____
Fifth _____ Sixth _____ Seventh _____ Eighth _____ Before School _____ After School _____ Before & After School _____

Check Payment Option:

Pay in Full _____ 9 Months _____ 12 Months _____ Meet with the Bookkeeper _____
(1st payment to be paid September 1, 2024)

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) _____

Each K-8 family is required to give 20 hours of volunteer time to help with events and special projects for the school. Pre-K families to give 10 hours of volunteer time. There will be a list provided for you to 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 (If other than home) _____

Employment _____ Employment _____

Occupation _____ Occupation _____

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

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

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? (Court papers from parent must be on file)

1. Name: _____ Relationship to child: _____

2. Name: _____ Relationship to child: _____

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. 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 _____

2024 – 2025 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: _____

2024 – 2025 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 has been completed. Registration fee must accompany the registration form. All balances from the previous year must be paid in full.
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, Birth Certificate, 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, or signed exemption form on record.

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

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

2024 – 2025 Victory Christian School’s 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 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 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. 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:	
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
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2024 - 2025 School Immunization Requirements

Use this chart as a guide to determine which vaccines are required to enroll your student in school (public, private, or homeschool). Check marks show the number of required doses.

This [schedule](#) shows the ages when doses are due.

Kindergarten - 6th Grade	7th - 10th Grade	11th - 12th Grade
Hepatitis B ✓✓✓	Hepatitis B ✓✓✓	Hepatitis B ✓✓✓
DTaP ✓✓✓✓✓	DTaP ✓✓✓✓✓	DTaP ✓✓✓✓✓
Polio ✓✓✓✓	Polio ✓✓✓✓	Polio ✓✓✓✓
MMR ✓✓	MMR ✓✓	MMR ✓✓
Chickenpox ✓✓	Chickenpox ✓✓	Chickenpox ✓✓
	Meningococcal ✓	Meningococcal ✓✓
	TDaP ✓	TDaP ✓

Exemptions

To enroll in school in North Dakota, children must show they've had these immunizations or file an exemption with the school.

Parents may file a medical exemption signed by a health care provider or a non-medical exemption signed by a parent/guardian. A blank exemption form can be found on our [website](#).

Vaccines and What they Protect Against

Vaccine	Protects against	Disease Complications
Hepatitis B	Protects against hepatitis B virus.	Hepatitis B can cause serious liver infections. People with chronic hepatitis B may develop liver failure, and liver cancer.
DTaP/Tdap	Protects against diphtheria, tetanus , and pertussis.	<p>Diphtheria is a respiratory disease caused by bacteria that can cause breathing and heart problems.</p> <p>Tetanus attacks the nervous system and can cause spasms and rigidity of some or all of the voluntary muscles, especially the jaw, face, and neck. Tetanus can lead to breathing problems and often death.</p> <p>Pertussis is a highly contagious, respiratory disease that can cause pneumonia, seizures, brain damage, and death. Often, babies with pertussis must be hospitalized.</p>
Polio	Protects against polio.	Polio is a viral infection that is spread person to person that causes swelling of the spinal cord that has no treatment or cure.
MMR	Protects against measles, mumps, and rubella.	<p>Measles is a highly contagious disease that can lead to pneumonia, hearing loss, brain damage, and death. A child who has not had a measles vaccine will most likely get measles if she or he is exposed to the disease.</p> <p>Mumps is a contagious disease that can lead to hearing loss, meningitis, and brain damage.</p> <p>Rubella is a infectious disease that is severe in pregnant women. Pregnant women who get rubella can miscarry or have babies with birth defects such as blindness, deafness, heart problems, or developmental delays.</p>
Chickenpox	Protects against chickenpox.	Chickenpox causes an itchy skin rash (with blisters) and fever. Chickenpox can be severe and may lead to serious skin infections, pneumonia, and meningitis.
Meningococcal	Protects against meningococcal disease.	Meningococcal is a bacterial infection that can cause meningitis (swelling of the covering of the brain and spinal cord), pneumonia, and blood infection (sepsis). Severe disease can cause brain damage, hearing loss, limb loss or death.

2024 - 2025

Victory Christian School
Financial Aid Application

Please complete the application and place in the VCS tuition box on or before April 15 , 2024.

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 2024 - 2025 (All Children, not just those attending VCS)

Child _____ Grade ____ School _____

Child _____ Grade ____ School _____

Child _____ Grade ____ School _____

Child _____ Grade ____ School _____

2022 Tax Form (Please Attach Copy)

____ 1040 EZ

____ 1040

____ 1040 A

Financial Information from the above Tax Form

2022 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 _____