

File Check List

Name: _____

DOB: _____

Allergies: _____ (Form 847)

Date of Enrollment: _____

Registration Fee PD: _____

____ VCS Childcare Handbook given to parent	____ Childcare Application	____ Contract
____ Student Registration Form	____ Form 847 - Parents Statement on Health of Child	____ Form 16038 ND Department of Health - updated copy of Immunizations
____ Copy of Birth Certificate	____ Release Form for Pictures/Class List/Telephone Number	____ Agreement on Statement of Faith
____ Authorization of Non-Prescription Products	____ No Insect Repellent Form	____ No Sunscreen Form
____ Authorization for Non-Prescription Medications	____ Infant Sleep Permission Form	____ Medical Attention Release
____ Authorization for Non-Prescription Medications	____ Form 845 - Child Information Sheet	____ Permission for Outdoor Play

NOTES:



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

For Office Use Only	
Date Rec'd	_____
Registration Fee Paid	_____
Check#	_____

Victory Christian School Childcare Application

Due Date: _____

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

Times you intend to drop your child(ren) off and pick up: Drop off _____ Pick up _____ (9 hour limit)

INFORMATION CONCERNING THE STUDENT

Name _____
 Last First Middle

Age _____ DOB _____ Nickname _____
 Month/ Day/ Year

Male _____ Female _____

Home Address _____ City _____ State _____ Zip _____

Father	Mother
Name	Name
E-Mail	E-Mail
Employment	Employment
Occupation	Occupation
Work Phone	Work Phone
Cell Phone	Cell Phone

Church regularly Attending _____ Are you members _____

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 of volunteer areas provided for you to choose from.

Victory Christian School and Childcare Center admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate based on color, national or 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	DOB	School Attending	Seeking admission at VCS

REFERENCES

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

Name	Address	Home/Work Phone	Dates Attended

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

Name	Address	Home/Work Phone	
1.			Employer
2.			Pastor
3.			Other

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 and 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 and Childcare, and we/I authorize the school to employ wise disciplining methods with my child. Further, we/I agree to cooperate with the school by disciplining our child at home.

We/I promise to pay my financial obligations to Victory Christian School and Childcare 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 of the willful, wanton, or reckless misconduct of Victory Christian School and Childcare, 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 and Childcare'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/I 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 _____

Victory Christian Childcare RELEASE FORM for School Year _____

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 will to allow Victory Christian School and Childcare to publish pictures of your child?

YES / NO (Please circle)

Medical Attention Release

I, undersigned, give consent to have medical assistance given to my child while under the care of Victory Christian School and Childcare staff. All staff members are/will be certified in First Aid and CPR.

An incident report will be given to the parent at departure if any medical 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 Phone	Work Phone
Cell Phone (Dad)	Cell Phone (Mom)
Physician's Name	
Date	

Victory Christian Childcare Contract For School Year _____

As a parent of child(ren) 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 parents may choose to have their child leave before the end of that period. Fees will be charged through the 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 and documents 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/phone number
No Insect Repellant Form	No Sunscreen Form	Agreement with Statement of Faith
Authorization to Release Form	Infant Sleep Permission Form	Medical Attention Release

8. Appropriate immunizations must have been completed before school begins or signed exemption on record.

Name(s) of child(ren) enrolled:

Parent's Signature: _____ Date: _____

Victory Christian School and Childcare Statement of Faith

Victory Christian School and 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 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
- 6)

Victory Christian School and 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 and 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



CERTIFICATE OF IMMUNIZATION
NORTH DAKOTA DEPARTMENT OF HEALTH AND HUMAN SERVICES
 SFN 16038 (Revised 09-2022)

Public Health Division, Immunization Unit
 600 E Boulevard Ave, Dept 325
 Bismarck, ND 58506-5520
 800.472.2180 or 701.328.3386

Child's Name (Last, First, Middle Initial):	Date of Birth:
Parent's Name:	Telephone Number:

Vaccine Type		Exemption Type*	Enter Month/Day/Year for Each Immunization Given				
Hepatitis B	Hepatitis B						
Rotavirus	Rotavirus						
Hib	<i>Haemophilus influenzae</i> type B						
PCV	Pneumococcal conjugate						
DTP/DTaP/DT	Diphtheria-Tetanus-Pertussis						
IPV/OPV	Polio						
MMR	Measles-Mumps-Rubella						
Varicella	Chickenpox						
Hepatitis A	Hepatitis A						
Td/Tdap	Tetanus-Diphtheria (and Pertussis)						
MCV4	Meningococcal ACYW-135						
HPV	Human Papillomavirus						
Men B	Meningococcal B						
Other							

To the best of my knowledge, this person has received the above-indicated immunizations on the above dates.

Physician, Nurse, Local/State Health:	Title:	Date:
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If additional doses are added after initial signature, please initial dose and sign below.

Update signature #1:

Physician, Nurse, Local/State Health:	Title:	Date:
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Update signature #2:

Physician, Nurse, Local/State Health:	Title:	Date:
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My child has not met the minimum requirements for his/her age. I agree to resume immunizations within 30 days from the date I was notified (today's date noted below) and to submit a signed Certificate of Immunization.

Parent/Guardian Signature:	Date:
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Statement of Exemption to Immunization Law

In the event of an outbreak, exempted persons may be subject to exclusion from school or childcare facility.

Medical (Med) Exemption: (Indicate vaccine above, requires physician signature) The physical condition of the above-named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.

History of Disease (HD) Exemption: (Indicate vaccine above, requires physician signature) To the best of my knowledge, the above named person has had prior infection with chickenpox disease as indicated by prior diagnosis or laboratory confirmation.

Physician Signature:	Date:
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Religious (Rel), Philosophical/Moral (PBE) Exemption: (Indicate vaccine above, requires parental signature)

Parent/Guardian Signature:	Date:
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* Medical =Med, History of Disease = HD, Religious = Rel, Philosophical/Moral = PBE

Authorization of Non-Prescription Products

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

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

Program/provider's name: _____

All over-the-counter (OTC) products require written parental permission on a yearly basis. The following may be

OTC product may be applied to my child in accordance with the manufacturer's instructions on the original container:

Note: This form cannot be used for over-the-counter medications such as Tylenol, Motrin, Benadryl, etc. Please refer to "Authorization for Non-prescription Medications" for over-the-counter medications.

Please fill out completely and print clearly

Type of Product	Brand Name
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Diaper ointment/cream	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Skin Lotion	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lip Balm	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sunscreen (for child over 6 months) Use No Sunscreen Form if you do not want sunscreen used on this child.	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Insect Repellent (for child over 2 months) Use No Insect Repellent Form if you do not want insect repellent used on this child	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Antibacterial first aid ointment	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hand Sanitizer	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Toothpaste	

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

Signature of parent/guardian: _____

Date: _____

Please note: This form needs to be updated on a yearly basis.

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

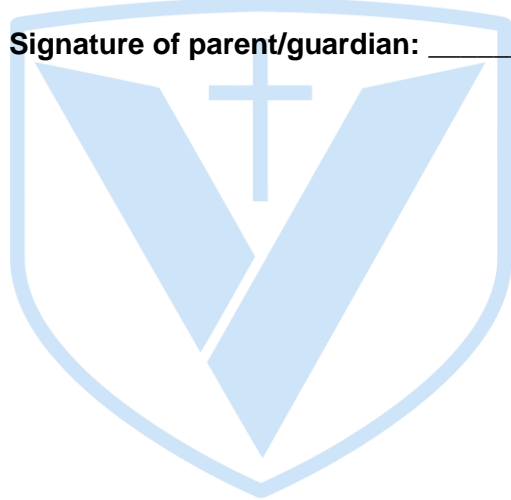
As the parent/guardian, I recognize that sunburns to my child pose a risk of skin damage and skin cancer. I understand that my child will be taken outside on a daily basis (weather permitting).

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: _____



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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

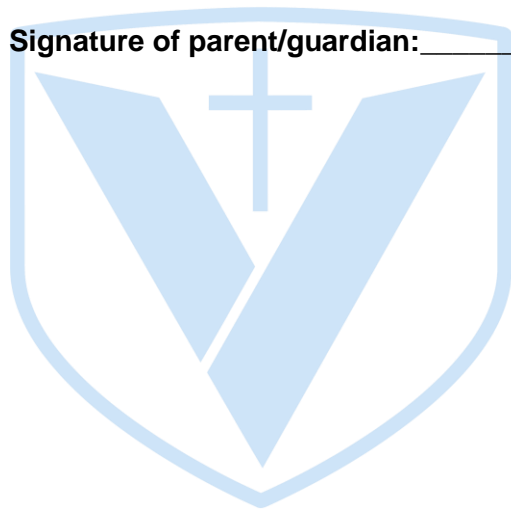
As the parent/guardian, I recognize that insect bites pose a risk of an allergic reaction and disease. I understand that my child will be taken outside on a daily basis (weather permitting).

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

Expiration date of permission form: _____

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

Signature of parent/guardian: _____ Date: _____



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Authorization for Non-Prescription Medications

Written parental permission is required by licensing for administration of over-the-counter (OTC) medications. To reduce the likelihood of a parent lawsuit, it is recommended that child care providers also obtain written instructions and permission from a health care provider.

OTC medications should be kept in the original manufacturer's container. The medication should be labeled with the child's name by the parent, and given according to the manufacturer's instructions. Make sure the medication is not expired.

- Cold and cough medication is not recommended for children under 6 years old.

Use one form for each medication. Please fill out completely and print clearly.

Name of child: _____ **Date of Birth:** _____

Medication: _____ **Dosage:** _____

Time(s) of day medication is to be given: _____

Special instruction (ie: refrigerate): _____

Reason for medication: _____

Time of last dose (if applicable): _____

Program/Provider's name: _____

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

Signature of parent/guardian: _____ **Date:** _____

Healthcare provider's name (printed): _____

Signature of health care provider: _____ **Date:** _____

Keep this form in the child's file when medication is finished.

Date	Time Given	Dose	Signature

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, ND 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
Print Infant's Name

to sleep:

- One infant blanket (a thin blanket is recommended)
- Weighted blankets are not recommended.
- A written order from a health care provider stating a medical reason/diagnosis and time frame is required to use more than one blanket or use a weighted blanket.

I request my infant to be swaddled: _____ Yes _____ No
Stop swaddling: _____ When my infant is 2 months old _____ When my infant show signs of rolling

- If infant is being swaddled, the blanket should not come any higher than to the shoulders of the infant; blanket should 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.
- The AAP recommends discontinuing swaddling once the infant reaches 2 months of age or sooner if showing signs of rolling.
- A written order stating a medical reason/diagnosis and time frame from a health care provider is required to continue swaddling after an infant shows signs of rolling.
- Sleep sack
 - Sleeveless sleep sacks are recommended to use. The sleep sack is recommended to fit properly so the infant's head cannot slip through the neck hole or cause excess material to cover or gather around the infant's face.
 - Weighted sleep sacks are not recommended.
 - Swaddle sleep sacks (with arm panels) can be used but are recommended to be discontinued once an infant reaches 2 months of age or sooner if showing signs of rolling.
 - A written order stating a medical reason/diagnosis and time frame from a health care provider is required to use a weighted sleep sack or to continue to use a swaddle sleep sack after an infant shows signs of rolling.

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

Security item (specify item) _____

- Necklaces (including teething necklaces), bibs, headbands, hooded clothing, hats should be removed for sleep.

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.**

FACEBOOK

“Victory Christian School Parent Group”

Victory Christian School utilizes social media to help families communicate with each other and teachers to share pictures of classroom activities throughout the year. The Facebook group is called “**Victory Christian School Parent Group**”. *This group is a closed group; only members of the group will be allowed access to the posts.* You will need to fill out the form below and drop it off with your teacher so that the group administrator will know who should be a part of the group. In addition to filling out the form you will need to search Facebook for “**Victory Christian School Parent Group**” and click Join Group.

Please feel free to sign up others, such as grandparents or childcare providers, who would benefit from being included.

-----Detach and hand into your teacher-----

Please add the following people into the private school Facebook page.

Name as it appears on Facebook: _____

Name as it appears on Facebook: _____

Name as it appears on Facebook: _____



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