

Victory Christian School
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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 Returning 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 in order for the enrollment process to begin: Registration Fee (non-refundable except when a student is not accepted by VCS).

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 _____
Mo Day Year Nickname _____

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 10 hours of volunteer time to help with events and special projects for the school. There will be a list provided 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 on the basis of 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: _____

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)

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: _____

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 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:** _____