



Enrollment for 2021-2022 School Year

Dear Parents,

Victory Church is excited to announce the growth and expansion of Victory Preparatory Academy. Victory Prep will be adding classes through 3rd grade for the 2021-2022 school year. We will be offering a 3 day and 5 day Abeka program for our preschool (2 years old through 3 years old) and a 5 day Abeka program for Victory Prep students (K-4 through 3rd grade).

Early enrollment for current students and church members will begin February 1, 2020. Please complete and turn in the enrollment application and registration fee to secure your students spot for the 21/22 school year.

We look forward to your child growing at Victory Prep!!

DAYS	EARLY REGISTRATION TUITION	CHURCH MEMBER TUITION	REGULAR TUITION
3 Day Preschool	\$215 per month	\$215 per month	\$230 per month
5 Day Preschool	\$325 per month	\$325 per month	\$350 per month
5 Day Classes K-4 - 2 nd grade	\$325 per month	\$325 per month	\$350 per month
Early Drop Off	\$6 per day	\$6 per day	\$6 per day
Early Drop Off (Monthly)	\$75 per month	\$75 per month	\$75 per month

Registration Fee: (All Students) \$80

Supply Fee:

3 Day Program: \$60 per semester

5 Day Program: \$80 per semester

K-4 through 2nd Grade Curriculum/Supply Fee: \$200 1st semester; \$80 2nd semester

*Multi-Child Tuition Discount Available Second child 15% Third child 20%



Enrollment Application

2021-2022

Office Use Only	2021
Enrollment Registration	
_____ 3 day program	
_____ 5 day program	
Paid Check # _____	

Child's Name: _____

Name goes by: _____ M/F: _____ Birth date: _____ Age on 9/1/21: _____
(Your child must be the class age on or before September 1)

Home Address: _____ Priority Telephone: _____

City: _____ State: _____ Zip Code: _____

Father's Name: _____ Driver's License: _____

Occupation: _____ Phone Number: _____

Address: _____ Email: _____

Mother's Name: _____ Driver's License: _____

Occupation: _____ Phone Number: _____

Address: _____ Email: _____

Church Affiliation: _____ Members: Yes _____ No _____

Emergency Contact: (other than parent)

Name _____ Driver's License _____

Phone Number _____ Relationship to Child _____

Address _____

Medical Authorization

I hereby authorize the staff of *Victory Preparatory Academy* to obtain emergency medical treatment for my child should he/she become ill or injured. I further release said church, staff and center from any liability pertaining to injury or illness of my child. In the event that medical attention is required before either parent, or guardian, or one of the Emergency contacts can be reached, I would like for my child to be taken to the hospital listed below. In the event that the listed physician, Emergency contact, or parent is unable to be reached I give permission for staff to transport my child by car or ambulance and hospital personal has my permission to preform treatment as necessary.

Physician's Name & Phone Number & Address: _____

Hospital Name/Address

Does your child have any impairments? Vision, Hearing Speech If yes, please explain: _____

Allergies/Special attention needs:

(We must have a completed food allergy & emergency plan for the child completed by your child's physician)

Food: _____

Health: _____

Chronic Illness _____

Is your child taking any medications _____ Yes _____ No

Is this medication prescribed for continuous use? _____ Yes _____ No

Please list medication(s) and side effects we need to be aware of: _____

Release Authorization

In order to provide the safest environment possible for your child, we ask that you list those persons to whom we may release your child in the event od They will need present their driver's license and check in with office staff before picking up your child.

• Name: _____ Driver's License Number: _____

Relationship _____

• Name: _____ Driver's License Number: _____

Relationship _____

• Name: _____ Driver's License Number: _____

Relationship _____

Custody

** For the safety and wellbeing of your child please supply any and all court documents or decrees that pertain to visitation, custody, or limitations for your child. Please keep us informed and supply up to date documents as needed. Our desire is to keep your child safe. **

Photo release

I give *Victory Prep/Kingdom Kids* and all of its affiliates permission to use my child's image on the following: (circle all that apply)

Website Facebook Video Newspaper Advertising

I DO NOT give permission for my child's image to be used.

Parent Signature _____ Date _____

Printed Name _____

CHILD'S NAME _____

GETTING ACQUAINTED WITH YOUR CHILD

Has your child been in a structured preschool/school program before? _____

If so, where? _____



Is your child completely potty trained: (2 year old) Yes No

If not please explain the current stage.
(still has accidents, wears pull ups, only needs pull up at nap time ect.)

**Children in the 3 year old class and above
must be fully potty trained.**

Other children in the family:

Name: _____ Age _____

Name: _____ Age: _____

Name: _____ Age _____

Name: _____ Age: _____

Other adults in the home:

Name: _____ Relation: _____

Name: _____ Relation: _____

Have you moved recently? _____

Your child's favorite play materials and activities: _____

We are so excited to get to know your child by interacting with him/her daily, as you know this will take a little time. Help us jump start our relationship with your child by telling us a little about them.

Does your child have any specific fears? _____

Does your child have any special needs? _____

Has your child ever been diagnosed as having a learning or developmental delay? If yes, please explain. _____

Has your child ever been diagnosed with a behavioral or mental disorder? If yes, please explain. _____

How does your child play with others? _____

What activities does your child enjoy? _____

Does your child: (please circle)

Listen to stories Listens to music Uses crayons

Uses paint Plays with other Pretend play

How is your child disciplined at home? What is your child's response? _____

When your child is upset what helps calm him/her down? _____

Please give a brief summary of your home life and family. _____

Additional information that would be important for Victory Preparatory Academy to know about your child _____

Conduct

In the event that the school is unable to meet the developmental needs of your child (emotional, social, or academic) Victory Preparatory Academy reserves the right to terminate the acceptance of your child at any time.

Parent/Guardian Signature _____ Date _____

Printed Name _____

**Please select your child's days to attend
Victory Preparatory Academy**

- 2 year old program ____ 3 day ____ 5 day
- 3 year old program ____ 3 day ____ 5 day
- 4 year old program ____ 5 day
- Kindergarten program (5 day program)
- 1st grade program (5 day program)

FOR OFFICE USE ONLY

DATE RECEIVED _____ REGISTRATION PAID _____ ADMISSION

DATE _____

STAFF SIGNATURE _____

Parent Agreement

This is an agreement between *Victory Preparatory Academy*

and _____ for the acceptance of my child/children
_____ beginning _____.

This agreement is for the 2021-/2022 school year.

Enrollment Requirements:

The following documents and fees will be required upon your child/children's admission in school.

- Immunization records.
- Health care professional statement signed by the child's physician.
- Completed school application for enrollment.
- First month tuition of _____ due August 7, 2021.
- One-time registration fee of \$80.00 and the first semester supply and curriculum fee are due upon acceptance and are non-refundable.
- Children enrolled in the 3 year old class and above are required to be fully potty trained

Tuition and Payment Policies:

- Tuition payments are on a 10 month period (August through May). Payments are due by the 7th of each month. Payments not received by the 7th will be assessed a \$35.00 late fee. If tuition and late fees are not paid by the 15th of the month, the child(ren) will not be able to return to school until tuition is caught up. If you have any questions or concerns about tuition payment, please contact Misty Peavy.
- Tuition is not prorated for any reason. I agree to pay the full amount each month, even though my child/children may not attend some days during the month and regardless of the number of days missed or reason for the absence.
- A Sibling discount of 15% for first sibling, 20% for the second sibling may be applied towards the tuition of the younger child/children.
- Lunches and snacks are provided by the parents. Breakfast may be provided by the parent as well.
- No reductions in tuition for early withdrawals, holidays, family vacations, teacher workdays, non-academic days, student illness or emergency closings.
- Hours of operation are Monday through Friday, 7:30a.m. – 3:00p.m. Class begins promptly at 8:20am. Dismissal is promptly at 3:00 p.m.
- Habitual late pick-up may be grounds for termination.
- Tuition is paid by cash or check.
- **I have read all terms and acknowledge this agreement.**

Parent Signature _____ Date _____

Parent Acknowledgement & Receipt of the Parent-Student Handbook 2021-2022

I acknowledge I have received a copy of Victory Preparatory Academy's Parent-Student Handbook. I understand it contains important information regarding policies and procedures. I recognize the handbook is not intended to cover every situation but is simply a general guide in which to refer.

I understand it is my responsibility to familiarize myself with the information and I agree with the policies of the school.

I further understand and acknowledge Victory Preparatory Academy may change, add, or delete any policies or provisions in this handbook as it sees fit in its sole judgment and discretion.

I acknowledge and understand that this Parent-Student Handbook supersedes and replaces all prior handbooks or materials previously distributed.

Student's Name _____ **Class:** _____

Parent's Name _____ **Date** _____

Parent's Signature _____



@ Victory Church, 7235 S State Highway 34, Scurry, Texas 75158
phone 469-478-3753 fax 972-452-3759
kingdomkids@victorychurch.ch

Doctor's Statement Form

Date _____

Child's Name _____, (Date of Birth) _____

is a patient of _____.

Examination Date _____

He/She has been examined within the last year and is eligible to attend daycare or school.

Please complete for children 4 years or older.

Hearing and Vision Screening performed? YES NO

Hearing: Right Ear _____

Left Ear _____

Vision: Right Eye _____

Left Eye _____

Notes: _____

Physician's Signature _____ Date _____

Child's Name _____

Child's File Checklist for Parents

	APPLICATION FOR ADMISSION – SIGNED
	HEALTH STATEMENT – SIGNED BY PHYSICIAN
	DISCIPLINE POLICY- SIGNED
	RECEIPT OF PARENT HANDBOOK- SIGNED
	CURRENT IMMUNIZATION RECORD- SIGNED BY PHYSICIAN
	HEARING & VISION (PRE-K, K5 & 1 ST)-SIGNED BY PHYSICIAN
	PHOTO PERMISSION SLIP- SIGNED

I understand my child will not be considered accepted until all forms are fully completed and accepted in writing by Victory Preparatory Academy Office.

Parent's signature:

What You Need to Bring

2's Class

- Backpack
- Sippy cup secured by lid and straw
- Lunch Box
- Diapers and wipes for the week
- Small blanket for nap time. We will be providing nap mats
- Daily snack
- Cold Lunch (Please pack foods that will not need to be heated/prepared)
- 2 Changes of Clothes in labeled zip lock bag (clothes must be changed if your child has a productive cough, sneezes, or has an accident)

3's Class & K4

- Backpack
- Lunch Box
- Cup secured by lid and straw (water fountains are not allowed this year)
- Daily Snack
- Cold Lunch- Please pack foods that will not need to be heated/prepared
- Small blanket for nap time. We will be providing nap mats
- 2 Changes of Clothes in labeled zip lock bag (clothes must be changed if your child has a productive cough, sneezes, or has an accident)

Kindergarten & 2nd Grade

- Backpack
- Lunch Box
- Cup secured by lid and straw (water fountains are not allowed this year)
- Daily Snack
- Cold Lunch- Please pack foods that will not need to be heated/prepared
- 1-2 Changes of clothes in labeled zip lock bag (clothes must be changed if your child has productive cough, sneezes, or has an accident)

Important Numbers

In the Event of an Emergency: 911

Poison Control: 1-800-222-1222

Texas Abuse and Neglect Hotline: 1-800-252-5400

Victory Preparatory Academy Office: 469-478-3753

Misty Peavy, Director: 214-536-7429