

Child's Name _____

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: _____

Child's Name _____

Statement of Faith

I have read and accept the Statement of Faith. I believe the statement of faith accurately represents the teachings and beliefs of Victory Preparatory as illustrated in the Bible. As such all members are bound and committed to carrying out and living in these tenants both at Victory Preparatory and in their outside lives.

Parent's Name: _____ Date: _____

Parent's Signature: _____

Release Authorization/Emergency Contact

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 to. They will need to present their driver's license and check in with office staff before picking up your child.

- Name: _____ Driver's License Number _____
Relationship _____ Phone Number _____
- Name: _____ Driver's License Number _____
Relationship _____ Phone Number _____

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 Preparatory Academy** 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 school program before? _____

If so, where? _____

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? _____

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.

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. _____

Child's Name _____

Preschool Only (2-year-old class – K4)

Does your child have any specific fears? _____

Does your child have any special needs? _____

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 others Pretend play

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

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

Is your child potty trained? If not, please explain the current stage. (still has accidents, wears pull ups, only needs pull up at nap time etc.) _____



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

Child's Name _____

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 _____

Discipline and Guidance Policy Victory Preparatory Academy

Discipline must be:

- ❖ Individualized and consistent for each child.
Appropriate to the child's level of understanding; and
Directed toward teaching the child acceptable behavior and self-control.

- ❖ A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior.
Reminding a child of behavior expectations daily by using clear, positive statements.
Redirecting behavior using positive statements; and
Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of child's age.

- ❖ There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

Corporal punishment or threats of corporal punishment;
Punishment associated with food, naps, or toilet training;
Pinching, shaking, or biting a child;
Hitting a child with a hand or instrument;
Putting anything in or on a child's mouth;
Humiliating, ridiculing, rejecting, or yelling at a child;
Subjecting a child to harsh, abusive, or profane language;
Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance My signature verifies that I have received and read a copy of the discipline and guidance policy.

Parent/Guardian Signature _____ Date _____

Child's Name _____

Parent Agreement

This is an agreement between **Victory Preparatory Academy** and _____ for the acceptance of my child/children _____ beginning _____.

This agreement is for the 2023/2024 school year.

Enrollment Requirements:

The following documents and fees will be required upon your child/children's admission in school and all documents and fees are due before the start of school year. There will be no exceptions.

- Immunization records.
- Health care professional statement signed by the child's physician.
- Completed school application for enrollment.
- First month tuition of _____ due August 7, 2023.
- One-time registration fee of \$150.00 and the supply/curriculum fee are due upon acceptance and are non-refundable.
- Children enrolled in the 3-year-old class and above are required to be completely 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 \$30.00 late fee. If tuition and late fees are not paid by the 10th 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 yearly multi-child discount of \$500 for second child and \$700 for third child is available.
- Lunches and snacks are provided by the parents.
- 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. – 4:00p.m.
- Pre-school and Elementary Classes leave the connection room at 8:00a.m.
- Pre-school and Elementary Classes begin promptly at 8:15 a.m.
- Jr High and High School Classes begin promptly at 8:05 a.m.
- Habitual tardiness or late pick-up may be grounds for termination.
- Habitual discipline issues may be grounds for termination.
- Tuition is paid by cash or check only.
- **I have read all terms and acknowledge this agreement.**

Parent Signature _____ Date _____

Child's Name _____



Parent Acknowledgement & Receipt of the Parent-Student Handbook 2023-2024

I acknowledge I have received a copy of the Victory Prep 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 Prep 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 any and all prior handbooks or materials previously distributed.

Student's Name: _____ Class: _____

Parent's Name: _____

Parent's Signature: _____

Child's Name _____

VICTORY PREPARATORY

@ Victory Church, 7235 S. State Highway 34, Scurry Texas 75158

Phone 469-478-3753

victoryprep@victorychurch.ch

Doctor 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 section below for children 4 years of age or older.

Hearing and Vision Screening preformed YES No

Hearing:

Right Ear _____

Left Ear _____

Vision:

Right eye _____

Left eye _____

Notes: _____

Physician Signature: _____ Date: _____

Child's Name _____

Child's Name: _____

Child's File Checklist for Parents

(All forms are due before 2023/2024 school year begins.)

	PHOTO PERMISSION SLIP - SIGNED	
	APPLICATION FOR ADMISSION – SIGNED	
	HEALTH STATEMENT –SIGNED BY PHYSICIAN	
	DISCIPLINE POLICY –SIGNED	
	RECEIPT OF PARENT HANDBOOK SIGNED	
	CURRENT IMMUNIZATION RECORD – SIGNED BY PHYSICIAN	
	HEARING AND VISION (PRE-K AND OLDER)	
	VICTORY PREPARATORY STATEMENT OF FAITH	

I understand my child will not be considered accepted until all forms are fully completed and accepted in writing by

Victory Preparatory Academy

Parent's Signature _____ **Date** _____