

Child's Name: _____



Enrollment Packet

2024/2025

For Office Use Only

Date of Application: _____

Date of Acceptance: _____

Start Date: _____

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 personnel have my permission to perform treatment as necessary.

Physician's Name & Phone Number & Address: _____

Preferred 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: _____

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 _____

In the event another person not listed will be picking up your child please call the office before 2:00 p.m. That person will be required to present a driver's license at the time of pick up.

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.

Non-residing or non-custodial parent (if applicable)

Name: _____ Driver's License Number _____

Relationship _____ Phone Number _____

Unless legal documentation is submitted to the contrary, we assume that a child's parents share equal rights to drop off or pick up a child.

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

Listen to music

Use crayons

Use paint

Play 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 ups at nap time etc.)

Does your child need a special blanket, stuffed animal, or pacifier in order to fall asleep?

Does your child fall to sleep on their own? _____

If not, how do you get the child to sleep? _____



Children in the 3-year-old class and above

must be fully potty trained.

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.

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.

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 2024/2025 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, 2024.
- Annual 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.
- Lunch 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. 3:15 – 4:00 is considered after school care. If a child is not picked up by 3:15 they will be taken to after school care and a fee will be added to the monthly statement.
- Pre-school and Elementary Classes leave the connection room at 7:55 a.m.
- Pre-school and Elementary Classes begin promptly at 8:05 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, check or online at Secure Give. A fee will be applied for online payments.
- All payments will go through the front office. No payment will be accepted at drop off or pick up.
@ Victory Church, 7235 S. State Highway 34, Scurry Texas 75158

Phone 469-478-3753

victoryprep@victorychurch.ch

Child's Name: _____

Doctor Statement Form

This form must be completed and returned within one week of admission.

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:

The child's immunizations are **current/not current** (please circle)

Please complete the section below for children 4 years of age or older.

Hearing and Vision Screening performed YES No

Hearing:

Right Ear _____

Left Ear _____

Vision:

Right eye _____

Left eye _____

The child has the following food allergies: _____

*The child's Physician must complete the Food Allergy Information and Treatment Form

Physician Signature: _____ **Date:** _____

The doctor's statement of health is good for one year. An official copy of the immunizations with the signature and contact information of the healthcare professional who administered the vaccines must be on file by the date of admission. Immunizations must be brought up to date within 30 days of admission. Any exemption will require a doctor's note listing the reason for non-compliance or an Immunization Affidavit from the State of Texas must be on file.

Child's Name: _____

This form must be turned in with enrollment packet

Child's File Checklist for Parents

(All forms are due before the 2024-2025 school year begins.)

CHECK <input type="checkbox"/>	*SEE SIGNATURE PAGE (Pg 9)	PARENT INITIALS
	*MEDICAL AUTHORIZATION - SIGNED	
	*STATEMENT OF FAITH - SIGNED	
	*PHOTO PERMISSION SLIP - SIGNED	
	*CONDUCT STATEMENT - SIGNED	
	*DISCIPLINE & GUIDANCE - SIGNED	
	*PARENT AGREEMENT - SIGNED	
	*PARENT-STUDENT HANDBOOK - SIGNED	
	*CHILD'S FILE CHECKLIST FOR PARENTS - SIGNED	
	*APPLICATION FOR ADMISSION – SIGNED	
	*HEALTH STATEMENT –SIGNED BY PHYSICIAN	
	*CURRENT IMMUNIZATION RECORD – SIGNED BY PHYSICIAN	
	*HEARING AND VISION (PRE-K AND OLDER)	

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

Victory Preparatory Academy. If forms are not on file within one week of acceptance, my child may not attend until all forms are completed and turned in.

Parents name: (please print the name of person signing below) _____ School Year _____

All the following information pertaining to the below information may be found online at www.VictoryPrep.com

Child's Name: _____

Medical Authorization (page 2) 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. If medical attention is required before either parent, or guardian, or one of the Emergency contacts can be reached, I would like my child to be taken to the hospital listed below. If in the event 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 personnel have my permission to perform treatment as necessary.

Parent/Guardian signature _____ Date _____

Statement of Faith I have read and accepted 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 their outside lives.

Parent/Guardian signature _____ Date _____

Photo Release I give Victory Preparatory 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/Guardian signature _____ Date _____

Conduct (page 6) If the school is unable to meet the developmental needs of your child (emotional, social, or academic) Victory Preparatory reserves the right to terminate the acceptance of your child at any time.

Parent/Guardian signature _____ Date _____

Discipline and Guidance Policy (page 6) 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 _____

Parent Agreement (page 7) I acknowledge that I have read all the terms and acknowledge this agreement.

Parent/Guardian signature _____ Date _____

Parent-Student Handbook I acknowledge that I have received a copy of the Victory Preparatory Parent-Student Handbook. I understand it contains vital 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 that this Parent-Student Handbook supersedes and replaces all prior handbooks or materials previously distributed.

Students Name: _____ Class: _____

Parent/Guardian signature _____ Date _____

Child's File Checklist for Parents (page 9) I understand that my child will not be considered accepted until all forms are fully completed and accepted in writing by Victory Preparatory. If forms are not on file within one week of acceptance, my child may not attend until all forms are completed and turned in.

Parent/Guardian Signature _____ Date _____