

Child's Name: \_\_\_\_\_



## ENROLLMENT PACKET 2025-26

### 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 complete food allergy & emergency plan for the child completed and signed 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

Does the child live with both parents? \_\_\_\_\_

If parents are divorced or separated, or the child does not live with a parent, who has legal custody of the child? \_\_\_\_\_

If someone other than the parent, guardian or conservator, who will be paying the student's tuition?  
Please list: \_\_\_\_\_

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.

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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.

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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 sleep with a stuffed animal or use a pacifier in order to fall asleep?

\_\_\_\_\_

Does your child need a special blanket?

\_\_\_\_\_

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.←**

***Potty trained consist of the following:***

*Child does not wear a pull up during day or naptime*

*Child must be able to tell the teacher if he/she needs to go to the bathroom other than allotted bathroom times*

*Child must be able to fully clean themselves without help from the teacher using toilet paper. (wipes cannot be used for bathroom use)*

## 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 2025 - 2026 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, 2025.
- Annual registration fee of \$150.00 and the 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 10<sup>th</sup> 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 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. Children picked up after 4:00 will be charged \$5 per minute.
- 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.

Child's Name: \_\_\_\_\_

This form must be turned in with enrollment packet

## Child's File Checklist for Parents

(All forms are due before the 2025-2026 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)	
	*IMMTRAC2 AUTHORIZATION - signed	

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

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 current Immunization Affidavit from the State of Texas and must be kept in the student file.

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

Child's Name: \_\_\_\_\_

All the following information pertaining to the below information may be found online at [www.VictoryPrep.com](http://www.VictoryPrep.com)

**Medical Authorization** (page 1) 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 5) 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 5) 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 8) 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 \_\_\_\_\_

**ImmTrac2** (page 7) I give permission to Victory Preparatory to access my child's immunization records through the immunization reporting system (ImmTrac2). Note: not all doctors report through this system. In this case you will be responsible for bringing your child's immunization records.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



Child's Name: \_\_\_\_\_

# VICTORY PREPARATORY

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

Phone 469-478-3753

[victoryprep@victorychurch.ch](mailto:victoryprep@victorychurch.ch)

## Doctor Statement Form (for new student enrollment)

**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 attach most current immunizations.**

Immunization records reported to ImmTrac2    Yes    No

**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