



Valley Christian Academy

301 W. Whyte Avenue
Roseville, CA 95678
916/728-5500
www.vcalions.org

We would like to thank you for your interest in enrolling your student(s) at Valley Christian Academy for the 2011/12 school year. The following is a check list of information and paperwork that VCA requires at the time of enrollment, by grade, so that you can make sure you have everything needed.

Preschool – 2-4 yr. olds

- 1) Completed VCA enrollment packet.
- 2) Read and sign the VCA Preschool & Daycare Handbook.
- 3) Complete the state daycare licensing forms located in the back of the VCA Preschool & Daycare Handbook.
- 4) A copy of your child's immunization records.
- 5) Each child entering into Preschool is required to have a physical within 30 days of enrolling at VCA. A physician's report form is provided in the Preschool & Daycare Handbook for your physician to complete.

Kindergarten

- 1) Completed VCA enrollment packet
- 2) A copy of your child's birth certificate and immunization records.
- 3) Parent(s) must read and sign the VCA Elementary & Middle School Handbook.

1st – 8th Grade

- 1) Completed VCA enrollment packet.
- 2) A copy of your child's birth certificate and immunization records.
- 3) If your student has an I.E.P., a copy will need to be submitted before enrollment to the VCA office.
- 4) Both parent and student must read and sign the VCA Elementary & Middle School Handbook (grades 6 – 8).
- 5) Parent(s) must read and sign the VCA Elementary & Middle School Handbook (grades 1-5).

9th – 12th Grade

- 1) Completed VCA enrollment packet.
- 2) Both parent and student must read and sign the VCA High School Handbook.
- 3) If your child is entering into the 9th grade, a copy of their 8th grade report card if they're transferring from another school.
- 4) If your student is transferring from another High School, a copy of their high school transcript.
- 5) A copy of your child's birth certificate and immunization records.
- 6) If your student has an I.E.P., a copy will need to be submitted before enrollment to the VCA office

Valley Christian Academy

PARENT/GUARDIAN FINANCIAL AGREEMENT

- 1) I have read Valley Christian Academy's "Tuition and Fee Schedule" and understand that I'm responsible for the above mentioned fees at the time of enrollment and throughout the school year. I am responsible for the full tuition amount charged by Valley Christian Academy unless approved otherwise by the VCA Board. I understand that I can pay my tuition in full at the beginning of each year or in ten monthly installments starting September 1, 2011 and ending June 1, 2012, and that a 10% discount is given on each additional child enrolled at Valley Christian Academy.
- 2) I understand that payments are due on the 1st of each month, and are considered late on after the 5th of each month regardless of whether I have received an account statement or not. I understand that VCA doesn't mail account statements out unless there is an outstanding balance on my account, but I may request a copy at any time from the office. I agree to pay a \$20 late fee if the payment is made after the 5th day of the month. I also understand that registration, book user's, athletic, and other fees indicated on the fee sheet are non-refundable.
- 3) I understand that if for any reason a check or bank card transaction doesn't clear my account, there will be a service charge of \$25 per transaction. Repayment of returned checks must be made by cash, cashier's check, or money order. If more than two occurrences happen on my account, all future transactions will need to be made by cash, money order, cashier's check, or credit card.
- 4) I understand Valley Christian Academy accepts many forms of payment cash, checks, money orders, cashier's checks, and credit cards. If I choose to make a payment to VCA by credit card, a 2% credit card processing charge will be added to the amount I'm paying.
- 5) I understand that NO REFUNDS are given on paid tuition that has been paid to Valley Christian Academy for the days/months attended. I understand that if for any reason a refund is owed to me from Valley Christian Academy, it will be automatically applied to any outstanding account balance I may have first, then any remaining funds will be refunded to me.
- 6) I understand that if my account falls 60 days over due and I have not set up acceptable payment arrangements with VCA's office to bring the account current, my student(s) will be dismissed from VCA and further steps of collection will be taken on the account. I will be held responsible for all cost incurred by Valley Christian Academy while collecting this debt.
- 7) I understand that my involvement at VCA is important, and that I'm expected to contribute 30 family service hours, 20 hours for a single parent, each school year. I'm to keep track of my hours throughout the school year and submit them to the VCA office no later April 30 for credit. I understand that if I don't meet the minimum service hour requirement, the difference will be added to my May billing statement at the rate of \$10.00 per hour. I understand that any additional Family Service hours served will not bring a reduction in tuition or a reduction in Family Service hours for the next school year.
- 8) I accept that our family is responsible in September of each school year for selling at least two boxes of candy when school begins (60 candy bars x \$2 = \$120) or I can pay the 50% profit (\$60) to VCA without having to sell the candy. I will let the office know my family's choice.
- 9) I understand that if my child is pulled from Valley Christian Academy during the school year **I must give a 30-day written notice** and that I will be charged tuition from the date of the notice received in the VCA office through the end of the 30 days. Thereafter, the remainder of the school year's tuition is not due. If my child has attended any day of a given month, the full month's tuition is due and will not be refunded. For withdrawal of my student(s) from VCA, it is my responsibility to: 1) Complete and sign a withdrawal form, 2) Bring my tuition account current to a \$0 balance owed. At the time of withdrawal my Family Service hours will be prorated for the months my child was enrolled during the school year.
- 10) I understand that VCA will not distribute report cards if there is a balance on my account.
- 11) I understand that accounts of graduating 8th and 12th graders need to be brought to a \$0 balance two weeks before graduation, or students will not be allowed to participate in graduation and their diploma will be held until the account is cleared.
- 12) I understand that VCA does not provide accident insurance for its students. Liability insurance is carried, but it's a secondary coverage only. It is the responsibility of each parent to cover the medical and injury costs of their children.
- 13) I understand that VCA doesn't require placement testing before enrolling my student(s), but requires **mandatory** achievement testing in the spring of each year, for all students in K5 – 11th grades. The charge will be billed to my account in February, and I will be notified of the amount before hand.
- 14) If I have a student(s) in Preschool – 5th grade, I understand that I will need to pick them up within 15 minutes of their school day ending. After 15 minutes, my child will be checked into VCA daycare and will be responsible for the hourly rate of \$4.50 unless I have made monthly daycare arrangements with VCA.
- 15) I understand that I will be held financially responsible for any vandalism or damage caused to VCA by my student(s).

Print name of Father /Guardian

Print name of Mother /Guardian

Signature of Father /Guardian & Date

Signature of Mother /Guardian & Date

VALLEY CHRISTIAN ACADEMY
301 W. Whyte Avenue, Roseville, CA 95678
(916)728-5500 – (fax) 721-3305

Fee*	Description	Amount
Registration** Preschool – 12	Annual fee for returning/incoming students due at the time of enrollment	\$75 by May 31st – per student \$125 after May 31st – per student \$50 per child if enrolling 3 or more
Book Fee – Preschool**	Annual book user fee for returning/incoming students	\$125 by August 1st \$150 after August 1st
Book Fee – K-5th**	Annual book user fee for returning/incoming students	\$175 by August 1st \$200 after August 1st
Book Fee – 6th – 12th**	Annual book user fee for returning/incoming students	\$200 by August 1st \$225 after August 1st
STAN 10 Testing – K-11th**	Stanford 10 achievement testing done each spring	approximately \$35
P.E. Clothes – 6th-12th**	Students are required to wear V.C.A. gym clothes (t-shirt & shorts) for P.E. classes.	\$17.50 for shirt or short \$35 – for the set
Locker Fee – 9th-12th**	Annual fee paid at the time locker is assigned (lock provided)	\$15
Athletic Fees**	Fees paid for <u>each</u> sport played. Amount varies by grade and number of sports in which each student is involved annually	\$75 - \$200 depending on sport
Field Trip/ Class Activity Fees**	Fees charged at all grade levels for class organized field trips/ activities	Varies by trip/activity
Yearbooks **	Student yearbooks are available for the elementary/middle school and high school (costs are subject to change without notice depending on production costs)	Elementary/Middle School - \$45 High School - \$60 by March 2nd \$65 after March 2nd
Graduation Fee – K-5, 8th & 12th grade**	Fee for each graduate to cover cap & gown, diploma, diploma cover, and decorations for graduation ceremony (no cap & gown for 8th grade)	K-5 - \$25 for cap & gown 8th grade - \$50 12th grade - \$200
Art Fee - Preschool – 6th**	Fees paid per student per class to cover the cost of arts and crafts in the classroom, due start of school paid to directly to the teacher	Preschool - \$25 1st-5th – see school supply list 6th - \$25
After School Care** – K- 5th	Fee paid for after school care services – if a child is not picked up within 15 minutes of their school day ending.	\$4.50 an hour – billed to account the month after use
Tuition Late Fee **	Fee charged for late tuition payments made after the 5 th of Each month	\$20
Late Daycare Pickup Fee**	Fee charged if students are picked up after VCA’s scheduled Daycare closing time.	\$5 for every 15 minutes
Athletic Team Apparel Packages/Fundraisers**	The VCA office charges a sport fee, but sports teams may also require that players purchase athletic apparel packages per season. Sports teams may also require that parents/players participate in Fundraisers for their athletic season.	Cost will vary season to Season, and year to year.
Candy Profit/Sales**	VCA’s annual candy fund raiser – Each family is required to Sale 2 boxes of candy , but may pay the profit in order not to Sale the candy	Candy Sales -\$120 Candy Profit - \$60
Family Service Hours **	Each Family is required to contribute family service hours 30 per family, 20 for a single parent - to be logged by each family And submitted to the VCA office by April 30 of each school year	\$10 charge per hour not completed during the school year.

*** Please Note: This list is provided as a general guide to help parents/guardians anticipate cost they may incur during the school year. This list is not intended to be all-inclusive.**

**** Please: Note: These fees are non-refundable**

 Father/ Guardian Signature

 Mother/Guardian Signature

Valley Christian Academy
301 W. Whyte Avenue
Roseville, CA 95678

Identification & Authorization

To be completed by Parent or Guardian:

First day of attendance: _____ **School Year:** _____ **Entering Grade:** _____

Full name of child: _____

Name child goes by: _____ Date of Birth: _____ Social Security # _____

Child's Home Address : _____

City: _____ Zip: _____

Student's Home Phone: _____ Student's Cell Phone : _____

School Last Attended: _____

School Last Attended Address: _____ Ciy: _____

Parent/s are: _____ Single _____ Married _____ Divorced _____ Separated _____ Widowed

Person/s responsible for bill: _____

Person/s responsible for bill signature: _____

Father/Guardian Name: _____

Home Address: _____

Occupation: _____ Employer: _____

Work Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Driver's License # : _____

Email Address: _____

Mother/Guardian Name: _____

Home Address: _____

Occupation: _____ Employer: _____

Work Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Driver's License # : _____

Email Address: _____

Additional persons whom may be called in an emergency:

Name	Address	Telephone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

Physician to be called in case of an emergency:

Name: _____ Phone #: _____

Address: _____

Medical Plan & Number : _____

Medical Plan Name: _____

Dentist to be call in case of an emergency:

Name: _____ Phone #: _____

Address: _____

Dental Plan & Number : _____

Dental Plan Name: _____

If Physician cannot be reached, what action should be taken?

/ / Call Emergency Hospital/ Ambulance / / Other – Explain

Is your child receiving medication? / / Yes / / No

Do you give Valley Christian Academy permission to give prescribed medication if needed?

/ / Yes / / No

My Child may be taken on field trips or excursions by bus or private vehicle under proper supervision.

/ / Yes / / No

Names of persons authorized to take child from Valley Christian Academy

<u>Name</u>	<u>Relationship</u>	<u>Telephone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Parent or Guardian

Date

VALLEY CHRISTIAN ACADEMY
301 W. Whyte Avenue, Roseville, CA 95678
(916)728-5500 – (fax) 721-3305

CHURCH AFFILIATION

Name of local church you attend: _____ Member? Yes ___ No ___

Address: _____ City: _____ Zip Code: _____

Phone #: _____ Pastor's Name: _____

Do you attend: Weekly? _____ Occasionally? _____ Student: Christian? Yes ___ No ___

Father/Guardian: Christian? Yes ___ No ___ Mother/Guardian: Christian? Yes ___ No ___

How did you learn of VCA: Sign ___ Yellow Pages ___ Website ___ Other _____

PHOTOGRAPHS/VIDEOTAPES

I release Valley Christian Academy to photograph and/or videotape my child while participating in daily activities, and to use the photograph and/or videotape on photograph displays or other publication showing these daily activities.

Signature: _____ Date: _____
Father/ Guardian

Signature: _____ Date: _____
Mother/ Guardian

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I give my permission for _____ to take part in all school activities including sports and school sponsored trips away from the school premises. If it should become necessary for my child to receive medical treatment for any reason during any of these activities, I authorize school personnel to make arrangements for my child to receive medical care, including required transportation. I understand that my medical insurance acts in a primary position and I agree to bear all costs incurred. I hereby release Valley Christian Academy and its staff from any liability related to personal damage or injury. Furthermore, I take full responsibility for my child's actions and will pay for any damages caused by my child.

As the parent or authorized representative, I hereby give consent to Tabernacle Baptist Church & Valley Christian Academy, 301 W. Whyte Avenue, Roseville, CA, to provide all emergency medical or dental care prescribed by a duly licensed physician (M.D.), Osteopath (D.O.), or Dentist (D.D.S.) for _____.
Name

This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the child/student named above.

_____ (Child/Student) has the following medication allergies and/or allergies:

_____	_____	_____
Date	Parent or Authorized Representative Signature	
_____	_____	_____
Home Address	City	Zip
_____	_____	_____
Home Phone	Work Phone	Cell Phone

PARENT QUESTIONNAIRE

Student's Name: _____

The following information is needed for the school records and is being asked for in this way in order to insure accuracy. By drawing a line through the space or writing 'none' in spaces not relating to you we know you have not omitted anything.

Please give any information concerning your child which will be helpful in his/her experience in school: _____

Has the student had any scholastic difficulties in school? ___No ___Yes
If applicable, include any information about having to repeat any grades or academic expulsion:

Has the student had any disciplinary difficulty in school? ___No ___Yes
If yes, please explain: _____

Has the student ever been suspended or expelled from school for disciplinary reasons? ___No ___Yes - If yes, please explain: _____

Has the student had any involvement with drugs, smoking or alcoholic beverages? ___No ___Yes - If yes, please explain:

Has the student ever had any trouble with the law or school authorities? ___No ___Yes
If yes, please explain: _____

Has the student ever been absent for a long period of time or been turned over to an attendance committee? ___No ___Yes - If yes, please explain: _____

Does the student have any physical, emotional or other problems that may affect attendance or behavior? ___No ___Yes - If yes, please explain: _____

Check each illness your child has had:

// Measles // German Measles // Mumps // Chicken Pox
// Whooping Cough // Scarlet Fever // Other _____

Allergies or other serious problems :

Are the problems serious enough to restrict your child's activities: // Yes // No

Explain: _____

List other children in household:

Name: _____ Age: _____ Sex: _____
Name: _____ Age: _____ Sex: _____
Name: _____ Age: _____ Sex: _____

List other adults in household:

Name: _____ Age: _____ Sex: _____
Name: _____ Age: _____ Sex: _____

Please state the child's special interests, skills or hobbies: _____

Is it likely the student will attend VCA for a full year? ___Yes ___No

STUDENT QUESTIONNAIRE

(To be filled out personally by the student applicant - 6th-12th grade only)

1. Full name: _____ Nick name: _____

2. Is it your personal desire to attend Valley Christian Academy? _____

3. What aroused your interest in attending VCA? _____

4. List any friends you have who have or are now attending VCA? _____

5. Where do you attend church? _____

6. How often do you attend? _____

7. Do you closest friends attend church regularly? _____

8. What are some of your interests or favorite activities? _____

9. Have you won any special prizes or awards in school (or anyplace else) or received special recognition for some accomplishment? _____ If yes, what? _____

10. What are some of your favorite subjects in school? _____

11. Are there any school subjects you consider a waste of time? _____

12. Have you ever been absent from school for a long period of time? _____ If yes, please explain:

13. If you are familiar with VCA's rules, are there any you wish could be changed? _____ If yes, which rules and why? _____

14. Are you willing to abide by the rules as they are? _____

15. What is your definition of a Christian? _____

16. Are you a Christian? _____ If yes, when and how did you become a Christian? _____

17. Write a brief statement as to what you believe about the Bible and the Christian faith:

Student's signature: _____

Student's name: _____

Grade: _____ Date: _____

Dear Parent:

If your student has asthma, please complete the appropriate section below and return it to the office so we will have more complete information.

If your child needs to take medication at school, including an inhaler, please complete this form and return it to the office before school begins.

Thank you,

Kathy Gunter, Registrar/Office Manager
Valley Christian Academy

ASTHMA

Check the appropriate space:

- _____ Mild: Seldom as an episode. Student does not need medication.
- _____ Moderate: Occasional episodes. Student needs medication for episodes only.
- _____ Severe: Frequent episodes. Student requires medication every day.

Check the appropriate spaces.

- _____ I do not want my child to have medication at school.
- _____ I want medication kept at school in case of an episode.**
- _____ I am to be called if my child has an episode at school.
- _____ Asthma occurs at all times of the year.
- _____ Asthma occurs only in the _____ (time of year).
- _____ There are no limitations on my child's activities.
- _____ Activity and/or physical education needs to be limited. (A note from the doctor is needed in this case.)

Other important information about my child's asthma condition includes:

**NOTE: Asthma medication cannot be given at school without an MD order with instructions for usage and written parental permission. (Alternately, parents may come to school to administer medication.) Medication to be taken at school must be brought to the following in the original prescription container. A child may keep an asthma inhaler on his/her person if the MD so orders and if the child is responsible.

- a. Preschool through 8th grades: Please give medications w/MD order/instructions and written parental permission to individual teachers to be locked up and administered.
- b. High school: Please give medications w/MD order/instructions and written parental permission to receptionist at the office to be locked up and administered.

TEACHER INFORMATION CARD

Name _____ Grade _____ Date _____

Address _____ Phone _____

Age () Birth date _____ Place of birth _____

Child's physician _____ Phone _____

Any physical difficulties _____

Any emotional difficulties _____

Last school attended _____

Circle grades previously attended at our school: K4, K5, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12

Grades have been: Superior () Above average () Average () Below average () Has child failed? ()

Name and grade of other children attending our school _____

Church you now attend _____ Attend S.S. ()

Father's name _____ Employer _____ Work # _____ Cell # _____

Mother's name _____ Employer _____ Work # _____ Cell # _____

If parents are separated, with whom does child reside? _____

Emergency phone number _____

Additional information that would be helpful to the teacher _____

Allergies: _____

Transportation home: Walk () Parent's car () After-school care () () Car Pool; If so, with whom and what days: _____ Other: _____

Please note - Preschool thru 3rd grades - after school - teacher will wait until 3:15 p.m. with your child; after 3:15 p.m. and there's no authorized person to pick up your child, he/she will be placed in after-school care; *no exceptions*; this is for safety purposes.

PERSONAL REFERENCE FORM

Grades: 6th through 12th Only

**Valley Christian Academy
301 W. Whyte Avenue, Roseville, CA 95678**

Applying for grade: _____

_____ is applying for admission to Valley Christian Academy. In order for us to properly evaluate the applicant, please answer the following questions to your best knowledge. Your comments will be held in the strictest confidence. Please mail the completed form to the above address.

How long have you known the applicant? _____

In what capacity have you known the applicant; e.g., teacher, principal, family, friend, pastor:

Do you know of any honors or unusual achievements received by the applicant? If so, Please list them:

How much supervision do you think the applicant needs?

Constant _____ Frequent _____ Occasional _____ Minimal _____

Among students you have known, how would you rank the applicant academically?

Upper 10% _____ Upper 25% _____ Average _____ Lower 25% _____ Lower 10% _____

Please place a check in the appropriate space after the statement:

General Personality	_____ Superior	_____ Good	_____ Average	_____ Poor
Character and Integrity	_____ Superior	_____ Good	_____ Average	_____ Poor
Emotional Stability	_____ Superior	_____ Good	_____ Average	_____ Poor
Manners	_____ Superior	_____ Good	_____ Average	_____ Poor
Sociability	_____ Superior	_____ Good	_____ Average	_____ Poor
Resourcefulness	_____ Superior	_____ Good	_____ Average	_____ Poor
Cooperativeness	_____ Superior	_____ Good	_____ Average	_____ Poor
Leadership Qualities	_____ Superior	_____ Good	_____ Average	_____ Poor

Please check the applicant's primary interests:

Artistic _____ Intellectual _____ Religious _____ Athletic _____
Literary _____ Drama _____ Musical _____ Social _____
Other: _____

Please make any additional comments you feel might be of interest or value:

Printed Name: _____

Signature: _____

Date: _____

Phone #: _____

**RACE/ETHNICITY AND DISABILITY SURVEY
FOR VALLEY CHRISTIAN ACADEMY**

All prospective students are asked to complete this form for record keeping purposes, program planning and statistical reports. However, submitting this information is **optional**. Your responses are voluntary and will be kept confidential. Refusal will not subject you to any adverse treatment in the admissions process.

Name in Full _____
Last (Family) First Middle

When do you plan to begin enrollment? Year _____

RACE AND ETHNICITY SURVEY
(Please answer all three questions)

1. Are you an international student? ____ Yes ____ No

2. Which race do you consider yourself to be? (Please check one.)

____ White
____ Black, African American
____ American Indian. Please print the name of the enrolled or principal tribe:

____ Eskimo
____ Aleut

Asian or Pacific Islander

____ Chinese ____ Asian Indian
____ Filipino ____ Samoan
____ Hawaiian ____ Guamanian
____ Korean ____ Vietnamese
____ Japanese
____ Other API. Please print the name of the other API group: _____

3. Are you or are you not of Spanish/Hispanic origin? (Please check one.)

____ No, not Spanish/Hispanic ____ Yes, Puerto Rican
____ Yes, Mexican American, Chicano ____ Yes, Cuban
____ Yes, other Spanish/Hispanic. Please print name of other Spanish/Hispanic group:
(For example, Salvadoran, Spaniard, Argentinian, etc.)

DISABILITY SURVEY

Do you have a physical, sensory or mental impairment which substantially limits one or more life activities? (e.g.: walking, seeing, hearing, breathing and learning)

____ No ____ Yes: Please describe _____



Valley Christian Academy

Home of the Lions

Dr. Brad Gunter, Administrator
Chris Crowe, Principal
Brad Gunter, Jr., VP/AD
Phone: 916/728-5500
Fax: 916/721-3305

REQUEST FOR CUMULATIVE RECORD

SCHOOL: _____
(SCHOOL COMING FROM)

Student's Last Name First Name Middle Name

Date of Birth Grade

The above-named student is enrolled in the school named above. Please forward the cumulative record, health records and a complete official transcript of the student's grades in accordance with the California State Education Code, Division 4, Part 27, Section 49608: "Whenever a pupil transfers from one school district to another or to a private school.....the pupil's permanent record shall be transferred upon request...." Transfer shall not be delayed pending payment of fines.

Please include Special Education records if applicable.

Registrar Date Request #
916/728-5500, ext. 21

Please fax the following item(s) immediately:

- ____ 1) Copy of transcript
- ____ 2) Check-out/withdrawal grades

Mail to: 301 W. Whyte Ave.
Roseville, CA 95678
Attn: Registrar

301 W. Whyte Avenue, Roseville, CA 95678

VCA Family Service Plan

Time, Talent & Treasure lead to Rewards & Achievement

Valley Christian Academy relies on your help to provide our children with the best education possible. Research shows that children whose parents are involved in their school do better academically. Fund raising projects provide us an opportunity for teamwork in helping the school reach our goals and objectives as well as an atmosphere for the development of family bonding and camaraderie.

In order to achieve the above purposes and in an effort to keep tuition as low as possible, VCA is announcing a new "Family Service Plan" wherein every family must assume the responsibility of contributing to Valley Christian Academy Family Service Plan according to both the Financial and Service Hour Commitments.

1. Financial Commitment

Agreement to contribute a minimum of \$120 through selling Candy Bars which is our only mandatory fund raiser. (\$60 buy-out alternative option.)

2. Service Hour Commitment

Annual agreement to volunteer a minimum of 30 hours (20 hours for single parent families) / 40 hours for families on assisted tuition plans. Each family should account for all service hours performed and submit the total number of hours served to the school office in order to be credited to the family service plan. Service hours may be recorded on the form provided. The final date to submit service hours for each school year will be April 30.

Additional Information

- The accumulation of service hours will be on a school year basis, from September of the current school year through April of the following school year. Any hours accumulated after April 30 will be applied to the service contract for the following year. Any hours earned after April 30, but before the close of school may be submitted prior to school closing in June.
- If a family does not meet the minimum fundraising requirement (\$120), the difference will be added to the November tuition bill.
- If a family does not meet the minimum service hour requirements (20/30/40 hours), the difference will be added to the May tuition bill at a rate of \$10.00 per hour.

Additional hours does not equate to a reduction in tuition.

What Counts As Service Hours

All labor volunteered will be credited hour for hour unless indicated. Donated goods/materials will be credited as noted below.

Labor (hour for hour)

- Attend Back to School Night
- Field trip chaperone/driver
- Athletic event assistance/driver
- Athletic coaching
- Facility Maintenance
- Annual Golf Tournament Event
- Classroom sponsor / volunteer
- Working concession stand for athletic program
- Helping with school events
- Running a sporting event gate

Donated Goods/Materials - all one hour credit unless noted

- Baked goods/food for various activities
- Silent/Live auction and Raffle item donations
- Providing items for classroom support
- Providing items for concession stand for athletic events
-

Please contact school office to receive credit if you have contributed in a way that is not listed above.

Recording Service Hours and Fundraising \$

Complete the attached form to document your Family Service Hours.

