



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 2019/20 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

TUITION AND FEE SCHEDULE FOR 2019-2020

ENROLLMENT FESS DUE AT THE TIME OF ENROLLMENT

ANNUAL REGISTRATION FEE PER STUDENT (NON-REFUNDABLE)

\$75- Before May 31
\$150 – After May 31

ANNUAL BOOK USER'S FEE PER STUDENT (NON-REFUNDABLE)

(Book User's fee does NOT include the costs of "Lifepacs, Paces, Switched on Schoolhouse materials, or EDGENUITY) if they are needed by a student. These are extra if needed during the school year.)

Preschool – \$150 Before August 15 / \$175 After August 15

Kindergarten thru 5th – \$200 Before August 15 / \$225 After August 15

6th – 8th - \$250 Before August 15 / \$275 After August 15

9th-12th - \$300 Before August 15 / \$325 After August 15

TUITION

PRESCHOOL– 8:30 A.M. – 12:00 P.M.

ANNUAL TUITION MONTHLY

2 DAY PROGRAM	\$3,210	\$321
3 DAY PROGRAM	\$3,650	\$365
4 DAY PROGRAM	\$4,200	\$420
5 DAY PROGRAM	\$4,950	\$495

PRESCHOOL WITH DAYCARE - FULL TIME

2 DAY PROGRAM	\$4,750	\$475
3 DAY PROGRAM	\$6,100	\$610
4 DAY PROGRAM	\$7,110	\$711
5 DAY PROGRAM	\$7,850	\$785

SUMMER CAMP

2 DAY PROGRAM	\$4,750	\$475
3 DAY PROGRAM	\$6,100	\$610
4 DAY PROGRAM	\$7,110	\$711
5 DAY PROGRAM	\$7,850	\$785

KINDERGARTEN THRU 12TH GRADE

Kindergarten – 8:30 a.m. – 12:00 p.m.	\$4,950	\$495
Kindergarten with Daycare – 7:00 a.m. to 6 p.m.	\$7,850	\$785
1 ST – 5 TH Grade	\$5,550	\$555
6 th – 8 th Grades	\$5,900	\$590
9 th -12 th Grade	\$6,900	\$690
Elementary/Middle School Fulltime Daycare Monthly Rate		\$290

1. A 10% percent discount is given on each additional child enrolled at Valley Christian Academy.
2. There is **no discount** for paying tuition all at once instead of 10 monthly payments.
3. Annual tuition charges are broken down into 10 monthly payments. The first installment of the school year is due by September 1, 2019 and the last monthly installment is due by June 1, 2020.
4. In addition to tuition and enrollment fees, there may be other fees that occur throughout the school year that VCA families are responsible for. A list of possible fees has been provided in the following pages for review.
5. Those enrolling after September 1 will need to pay registration, book fee, and the first month's tuition upon enrollment.

Father/Guardian Signature

Date

Mother/Guardian Signature

Date

STUDENT NAME	GRADE	REG FEE PAID/METHOD	BOOK FEE PAID/METHOD	ANNUAL TUITION	MONTHLY TUITION
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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, 2019 and ending June 1, 2020, 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 \$25 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 understand that my family will need to let the VCA office during the first week of school if we will be selling candy for the school year. If we haven't notified the VCA office, I understand the VCA office will take that as my family choosing to pay the profit.
- 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 beforehand.
- 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 \$7.50 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

<u>Fee*</u>	<u>Description</u>	<u>Amount</u>
Registration** Preschool – 12	Annual fee for returning/incoming students due at the time of enrollment	\$75 by May 31st – per student \$150 after May 31st – per student
Book Fee – Preschool**	Annual book user fee for returning/incoming students	\$150 by August 1st \$175 after August 1st
Book Fee – K-5th**	Annual book user fee for returning/incoming students	\$200 by August 1st \$225 after August 1st
Book Fee – 6th – 8th**	Annual book user fee for returning/incoming students	\$250 by August 1st \$275 after August 1st
Book Fee – 9 th – 12 th	Annual book user fee for returning/incoming students	\$300 by August 1 st \$325 after August 1 st
STAN 10 Testing – K-11th**	Stanford 10 achievement testing done each spring THIS TEST IS MANDATORY FOR ALL STUDENTS	approximately \$40
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	\$100 - \$300 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 - \$20 High School - \$70 by March 2nd \$75 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.	\$7.50 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	\$25
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.
Unreturned Book Fee**	Charged for lost books not returned at the end of the school year or damaged books caused by the student	Cost depends on the text book

* 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 : _____

Student's E-mail : _____

School Last Attended: _____

School Last Attended Address: _____ City: _____

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>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent Name - Printed

Signature of Parent or Guardian

Date

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

Statement of Cooperation

I understand that Valley Christian Academy is an extension of our home and mutual cooperation and understanding are needed. Our family will be represented in all scheduled Parent/Teacher conferences.

I understand that the steps of authority for interventions/actions, etc. with regards to my child, are to go to my child's teacher first; if satisfactory resolution is not obtained, I am to go to my child's department director; thereafter, if satisfactory resolution is not achieved, I am to go to the vice principal.

I understand that Valley Christian Academy does not tolerate profanity, obscenity in action or word, use of tobacco, alcoholic beverages or narcotics, dishonor of God and the Word of God.

I realize that my attitude toward the teachers and policies of Valley Christian Academy affects the emotional and academic stability of my child. I support and uphold the ideas of the school in every way and will abide by the disciplinary regulations of the administration. If my child refuses to conform to the rules, regulations and standards of the school, we understand that our child could be suspended or even expelled if his/her behavior is not acceptable. If after reasonable effort has been made to discipline my child in a constructive framework based on Biblical principles, and to assist his/her academic adjustment and he/she does not comply with the standards of the school, I agree to withdraw my child at the request of the school.

At no time will I participate in destructive criticism, either by telling or sympathetic listening of the staff or school, with my child or others, but will instead if a problem arises, go directly to the teachers or administrator in a Christian manner as indicated in Matthew 18:15 - "Moreover if thy brother shall trespass against thee, go and tell him his fault between thee and him alone; if he shall hear thee, thou hast gained the brother."

I agree to read the student handbook and to support the school in enforcing its policies and rules.

I hereby pledge to pay my financial obligation to Valley Christian Academy on the due date. All payments must be in by the 5th of the month or a \$20 late fee will be added to that month's tuition. I realize that fund raisers are necessary to help supplement VCA's income during the year to keep tuition costs as low as possible. **I accept that our family will be responsible in September 2019 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 our family's choice. I also pledge to help whenever possible (but realize it's not mandatory during the rest of the year) with other fund raisers throughout the school year.

I also hereby pledge to support VCA's Family Service Plan by agreeing to volunteer a minimum of 30 hours (20 hours for single parent families) /40 hours for families on assisted tuition (Grant) plans. Please note if a family does not meet the minimum service hour requirements, 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) Please see the VCA Family Service Plan packet for complete details.

Valley Christian Academy has a non-discriminatory racial policy and admits students of any race to all rights, privileges and activities made available to all students. The administration, however, reserves the right to refuse admission to anyone unwilling to comply with the school's regulations, or unable to achieve the school's level of academic standards.

Signature _____
Father/Guardian Date

Mother/Guardian Date

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
K5 Thru 8th Grades Only

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, Argentinean, 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 _____

Non-Public Schools (NPS) Title I Family Survey 2019-2020

Please provide the following information. Only your principal and the NPS Title I Liaison will see your responses, and will keep all data **strictly confidential**.

Parent/Guardian and Address Information

Parent/Guardian Name _____ Phone _____

Address _____ City _____ Zip _____

Public School District in which you live (Sacramento City, San Juan, etc.) _____

Neighborhood public school your student(s) would attend (if known) _____

Student Information

Only list students attending **THIS** private school.

Name of This Private School: _____

Student Name #1 _____ Grade _____

Student Name #2 _____ Grade _____

Student Name #3 _____ Grade _____

Family and Income Information

Find your family size (all adults and children in the home) on the chart. Then, compare your gross income to the figures in the corresponding row.

Family Size	Weekly	Monthly	Yearly
1	\$430	\$1,860	\$22,311
2	\$578	\$2,504	\$30,044
3	\$727	\$3,149	\$37,777
4	\$876	\$3,793	\$45,510
5	\$1,024	\$4,437	\$53,243
6	\$1,173	\$5,082	\$60,976
7	\$1,322	\$5,726	\$68,709
8	\$1,471	\$6,371	\$76,442
Each additional + member, add:	+\$149	+\$645	+\$7,733

Is your income (for your family's size) less than the amount on the chart? yes__no__

Does your family receive assistance under Cal Works yes__no__

Are any of your children eligible for Medicaid? yes__no__

Does your family participate in the food stamp program? yes__no__

Please return this form to your principal by: September 5, 2019



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

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). 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 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.

Family Service Hours

What counts as Family Service hours?

(Please Note: Family Service Hours can be earned by any family member for each family. Mom, Dad, Grandma, Grandpa, Aunt, and Uncle can earn family service hours. Also, if more than one person attends or participates in a project or field trip hours are earned for each person that is there.)

Family Service Hour Requirements:

30 per Family

20 for a single parent

The cost is \$10 per hour not completed during the school year.

Attending Back To School Night – 2 hours per parent

Bake Sales

Bake Sale Donations

Helping run the bake sale

Classroom

Donation of books to the classroom

Donation of items needed in the classroom

Helping drive on class Field Trips – time you arrive on campus until you return from field trip

Helping teachers with class projects if needed

Helping teachers in anyway

Helping Mrs. Hill drive or chaperon on her Disneyland trip

Helping with class events and parties

VCA Campus

Helping on school workdays

Any help with campus maintenance

Help setting up or taking down VCA Christmas program

Helping make costumes or sets for VCA Christmas program

Helping run lights or sound board at VCA Christmas program

Any additional monthly financial contributions to VCA

Donation of books to the VCA library

Donation of usable electronics to VCA – need to be approved by VCA before donation

Donations of usable office or classroom supplies

Collecting Box tops for education – 100=1 hour

Collecting Campbell's labels for education – 100=1 hour

Helping chaperone, decorate, or clean up for VCA homecoming

(time and donations both count)

Helping chaperone the middle school Valentine's Banquet

Helping Lifetouch on picture days

Volunteering at VCA Praise Night (Praise Night substitute for Halloween)

Running a booth at VCA Praise Night

Candy or other donations to VCA Praise Night

Donations of cameras and camera accessories to Coach Todd's photography class

Donations of props and movies for Coach Todd's drama class

VCA Athletics

Helping coach a VCA sports team
Helping run an entrance gate
Helping work in the VCA snack bar
Helping run the basketball shot clock
Helping keep a team score book
Helping drive players (more than your child) to team games
Assisting in Cheer coaching
Time in team athletic fund raising
Time spent in any team campus project. (Building the batting cage)
Creating game programs (handouts)
Working on the football chain gang
Helping announce at athletic events
Running scoreboards
Keeping team Stats for VCA coaches
Helping with athletic banquets
Helping raise sponsors for this year's upcoming Golf Tournament (date not set)
Getting players to participate in the VCA Golf Tournament (date not set)
Helping line judge for volleyball

VCA Fireworks Booth

Working in one or both VCA fireworks booths over the summer

VCA Walk-A-Thon – More information to come in Spring 2018

Helping plan the VCA Walk-a-thon
Raising prizes for the Walk-a-Thon (time and prizes both count as service hours)
Helping the day of the Walk-a-Thon
Student sponsor donations for the Walk-a-Thon (every \$10 = 1hour)

This is just a small list of things that can count as Family Service Hours.

Family Service Hour forms can be found at

http://vcalions.org/documents/VCAFamilyServiceHoursForm_001.pdf .

Families are to keep track of their family service hours, and submit them by April 30.

