



Valley Christian Academy

301 W. Whyte Avenue

Roseville, CA 95678

916/728-5500

www.vcalions.org

Welcome back to 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 reenrollment, by grade, so that you can make sure you have everything needed.

Preschool – 2-4 yr. olds

- 1) Completed VCA reenrollment packet.
- 2) An updated copy of your child's immunization records.

Kindergarten

- 1) Completed VCA reenrollment packet
- 2) A copy of your child's birth certificate and immunization records.

1st – 12th Grade

- 1) Completed VCA reenrollment packet.
- 2) An updated copy of your child's immunization records for students going in to 7th grade only.
- 3) 7th Grade Only – Proof that your child has had the Tdap (Whooping cough) vaccination

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

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

Fee*	Description	Amount
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 each 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

Name Relationship Telephone

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

TEACHER INFORMATION CARD
For Pre-School 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 5th 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.

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