



VALLEY HEIGHTS CHRISTIAN ACADEMY
 75 CALVARY DRIVE, NORWICH, NEW YORK 13815

Application & Registration Form – One Per Student

Date: _____

Grade Level to Enter: _____

Student Information:

Student's Legal Name _____ Soc. Sec. _____
First Middle Last

Address _____
Number Street City/State/Zip

Home Phone: _____ Sex: Male ___ Female ___ Age: _____

Date of Birth _____ Place _____
City County State

___ American Indian ___ White ___ Hispanic ___ Asian ___ Black ___ Other _____

To whom should reports, statements and information be sent? _____
Name

address, if different than student's or in addition to student's

Transportation:

School District in which student resides: _____

Transportation to and from school:

Drop off in the morning: Car Bus Walk Pick up in the afternoon: Car Bus Walk

Names of persons, other than parents/guardians, who are authorized to take your child from the school:
 (Child will not be allowed to leave with any other person without your written authorization or PASSWORD given below)

Name	Relationship to Child	Contact Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please print a PASSWORD (one familiar to yourself) that can be used to request that your child be released or picked up from school by someone other than yourself or those specifically noted above. This will help us ensure the safety of your child when changes are requested via the phone or by an individual unknown to VHCA staff.

Password

Person to notify in Emergency: _____

(Parents are always contacted first) Name Relationship Phone #

Name Relationship Phone #

Family Information:

Name of Father _____ Employer: _____
Father's Address: _____
Cell Phone # _____ Work Phone # _____ Email Address: _____

Name of Mother _____ Employer: _____
Mother's Address: _____
Cell Phone # _____ Work Phone # _____ Email Address: _____

Marital Status: Married Remarried Widowed Divorce Separated Never Married

Check one: Both parents living Both parents deceased Father deceased Mother deceased

Are there situations arising from marital status which have a bearing on your child and of which the school should be aware of? (i.e. custody, visitation, court orders, etc.) No ____ Yes ____

If Yes, please explain: _____

Who is/are the legal guardian(s) of the student? (check all that apply)

Both Parents Father only Mother only

Other: _____
Full Name Relationship to Student

Student is living with: Mother & Father Mother only Father only
 Mother & Stepfather Father & Stepmother

Other: _____
Name Relationship Address

Name of Siblings: Age: Living at Home?
1. _____
2. _____
3. _____
4. _____

Language other than English spoken at home: _____

Religious Information:

Church currently attending: _____ Lead Pastor's Name: _____

Church Address: _____

Church Phone #: _____

Are you a member: Yes No

Do you regularly attend this church Yes No

Educational Information:

School last attended: _____ Grade: _____
Address: _____ Phone: _____

Please list all other schools previously attended:

School	Grade	School District

Please indicate level of pupil's previous work: Excellent Good Average Poor

Has the student ever repeated a grade No Yes If yes, what grade _____

Reason for repeating: _____

Does the student have any academic or social problems? No Yes (give details) _____

Has the child ever been expelled, dismissed, suspended or refused admission to another school? Yes No

Has your child ever had disciplinary difficulties? Yes No

Has your child ever been in trouble with the law, arrested, etc.? Yes No

Has your child ever used alcohol, tobacco or illegal drugs? Yes No

If yes to the previous four (4) questions, please attach a letter of explanation.

Does your child have an Individualized Education Plan (IEP) or a 504 Plan Yes No

If yes, please give full details. _____

Miscellaneous Information:

Two key factors influencing me/us to enroll my/our child in VHCA:

- Location Recommendation of a current student/family
- Christian Philosophy Displeasure with public school
- Academic Program Strong desire on the part of my child to attend

We first learned of VHCA through:

- Student(s) currently enrolled Parents of VHCA students
- Newspaper Article Church pastor
- Advertisement VHCA Website
- Social Media Other _____

Financial Information:

(For tuition costs and fees, please call the office or see the Tuition & Fee Schedule)

My non-refundable Registration Fee is **\$150** due with application. (Students are not considered enrolled until application is filled in, signed and the registration fee is paid)

My Lab Fee is: \$_____ (*Grades 7-12 only*)

My Tuition Cost for the year is: \$_____

Multiple Child Discount: Child # _____ - \$ _____ discount = \$ _____ total yearly tuition

My monthly installment **due the 10th** of each month is: \$_____ (based on a 11-month installment plan.
Aug. - June)

Do you anticipate the need of tuition assistance to meet your financial obligations to VHCA? Yes No

If Yes, please explain: _____

As the undersigned Parent(s)/Guardian(s), I commit to the following:

- ❖ Pay **ALL** tuition costs and fees in accordance with the policies and schedules as presented by the VHCA School Board and Administration. Tuition and fees will be fully paid by June 10th of current school year.
- ❖ I understand that VHCA is a Christian institution and that its tenets, methods and rules are established on that basis.
- ❖ I understand that lessons will be presented from the Bible and I am open to the teaching of God’s Word to my child.
- ❖ My child and I have recently reviewed the *Parent-Student Handbook* prior to completing this form.
- ❖ I will support and require my child to abide by the rules and standards set forth in the *Parent-Student Handbook*, as well as those imposed in the classroom and for extracurricular activities.
- ❖ I will work to see that my child is in school on time every day except in the case of illness, with his/her necessary books and supplies.
- ❖ I will work with staff to promote appropriate speech, behavior, and social development in my child.

Both parents/guardians, where applicable, must sign.

Signature of Father/Guardian _____
Date

Signature of Mother/Guardian _____
Date

PLEASE NOTE: The annual non-refundable Registration Fee and all other required school board approved fees* should accompany this form. *see current Budget/Tuition Schedule for additional fees.

Valley Heights Christian Academy is an educational ministry of Calvary Baptist Church in Norwich, New York. Consistent with Christian principles, Valley Heights Christian Academy does not discriminate with regard to race, gender, or national origin in the administration of its educational policies, admission policies or other school-administered programs. VHCA reserves the right to deny enrollment to any student who does not meet admission requirements.

Valley Heights Christian Academy is a nonregistered high school with the New York State Education Department. As a nonregistered school, VHCA is not authorized to issue Regents high school diplomas and does not administer Regent’s examinations.

Valley Heights Christian Academy is a member of the New York State Association of Christian Schools and the American Association of Christian Schools

MEDICAL INFORMATION - TO BE FILLED IN BY PARENT/ GUARDIAN UPON REGISTRATION

Student Name _____ Grade _____
First Middle Last

Sex: M F Birthdate _____/_____/_____
Month Day Year

Biological Mother's Health _____ If deceased, cause _____
(i.e. excellent, good, poor, sickly)

Biological Father's Health _____ If deceased, cause _____
(i.e. excellent, good, poor, sickly)

Family Physician's Name _____ Physician's Phone _____

Dentist's Name _____ Dentist's Phone _____

Do you grant permission for your child to be given **TYLENOL** upon request by the student Yes No

1. RECENT ILLNESSES and CONDITIONS - check all that apply and please explain in space provided below.

- | | |
|---|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Asthma/ trouble breathing. | <input type="checkbox"/> Speech Problem |
| <input type="checkbox"/> Allergies (<i>List them below</i>) | <input type="checkbox"/> Hearing Difficulty |
| <input type="checkbox"/> 4 or more Colds Yearly | <input type="checkbox"/> Fainting Spells or Dizziness |
| <input type="checkbox"/> Frequent Sore Throats | <input type="checkbox"/> Heart Disease, murmur, or irregular heartbeat |
| <input type="checkbox"/> Persistent Cough | <input type="checkbox"/> Abdominal Pains |
| <input type="checkbox"/> Earaches | <input type="checkbox"/> Frequent Urination |
| <input type="checkbox"/> Nose Bleeds | <input type="checkbox"/> Frequent Leg Pains |
| <input type="checkbox"/> Poor Vision | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Frequent Sties | <input type="checkbox"/> Physically Handicapped |
| <input type="checkbox"/> Dental Defects | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Hernia (rupture) | <input type="checkbox"/> Hemophilia |
| <input type="checkbox"/> Ring Worm | <input type="checkbox"/> Tires Easily |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Skin condition |
| <input type="checkbox"/> Cradle Cap | <input type="checkbox"/> Other _____ |

2. List any known ALLERGIES to food, bee/insect stings, latex, medicines, etc.

- _____
- Describe reaction: (local swelling, hives, face swelling, etc.) _____
 - Are emergency meds required? Yes No

3. List MEDICATIONS currently taking.

NAME OF MEDICINE	FOR WHAT CONDITION	TO TAKE AT HOME	TO TAKE AT SCHOOL
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Please complete the backside of this form

4. Sustained any injury or illness which required medical attention and/or hospitalization or surgery? YES NO
 - If YES, our child may need to be cleared with an MD note to participate in sports/gym.
5. Is your child under a physician's care now for an existing problem? YES NO
6. Wears orthodontic braces? YES NO
 - a. If YES, is a specialized mouthpiece from an orthodontist required for sports/ PE? Yes No
7. Wears glasses? YES NO
 - For sports? Yes No If Yes, are glasses impact resistant? Yes No
 - Contact lenses? Yes No If Yes, wearing for how long? _____
8. Is there any medical condition or restriction which may be made worse by playing sports/PE? YES NO
9. Required by MD to wear brace/support device to play sports/PE? YES NO

If yes, to any of the above questions, please list item number (1-9) and give an explanation below.

K4 – 3rd Grade Students only

- | | | | |
|--------------------|--|-------------------------|--|
| Is he/she shy? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Overactive? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Sucks thumb? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have excessive fears? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Likes school? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Plays well with others? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Bites fingernails? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Have a temper tantrum? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Toilet Trained? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Are there any reasons why this child may not be able to fulfill the essential functions of a student in our school?

Yes No If yes, please explain.

If you answered “yes” to the question, is there anything that the school can do to reasonably accommodate these needs so that your child could perform the essential functions of a student in our school?

I certify that the above information is true and accurate and understand that it will be relied upon by VHCA. If medication is prescribed (only for current school year and must be taken during school hours) I authorize school administration to administer the prescribed medication as directed by health care provider (a self-medication release form is available from the school)

Parent/Guardian Signature

Date

A current immunization record must accompany this form.

PHOTO/VIDEO/WEBSITE RELEASE FORM

Dear Parent/ Guardian:

On occasion, representatives from the media or the staff of VHCA wish to photograph, videotape, and/or interview students in connection with school programs or events. Educating the public of our Christian school is one of our objectives. The entire community benefits from knowing about the accomplishments, abilities, and needs of our students and the programs we offer to children and families.

In order to release student photos, video footage, comments, and/or posts on a school Web site (last names of students will not be used on Internet projects), we need written permission. To give your consent, please complete the form below.

I, _____, parent/guardian of _____, **GIVE / DO NOT GIVE** (*circle one*) permission, for my child to be photographed, videotaped, and/or interviewed by representatives from the media or the staff of VHCA for the purpose of publicizing educational programs. I authorize the use and reproduction by VHCA, or anyone authorized by the VHCA Administration and all photographs and/or videotapes taken of my child, without compensation to me/my child. All of these photographs/video recordings shall be the property, solely and completely of the VHCA Administration. I waive any right to inspect or approve the finished photographs/ videotapes, and the soundtrack, script or printed matter that may be used in conjunction with them.

Signature of parent/ guardian: _____ Date: _____

Address: _____
Street City State Zip

OR _____ I am 18 years of age or older and I **GIVE / DO NOT GIVE** (*circle one*) my consent without reservations to the foregoing on my own behalf.

Signature of Student: _____ Date: _____

Address: _____
Street City State Zip

Valley Heights Christian Academy
75 Calvary Drive Norwich, New York 1381

CHECKLIST

- Read the *Parent-Student Handbook* – any questions please call the office.
- Application Form – all spaces filled in and signed.
- Medical Form – filled in and signed.
- Attach a current immunization record.
- Photo/Video/Website release Form – filled in and signed.
- Income guideline Form - one per family
- Highschool technology and questionnaire.
- Textbook Request Form – new students only