



**Dear Homeschool Families,**

We are so excited about the launch of our *Homeschool Connection* program and the opportunity to welcome your children into our classes, activities, and school community. We believe this program will provide wonderful opportunities for learning, friendship, and growth, and we look forward to partnering with you.

Because we operate as a private school in New York State, we are required by state law to follow the same student health documentation guidelines for all participants—whether full-time or part-time. One of these requirements is that every student must meet New York State’s immunization standards, unless a valid medical exemption is on file.

Here’s what that means for participation in our program:

- **Fully immunized students** may participate once we have received a current immunization record.
- **Students who are “in process”**—meaning they have begun their immunizations and have scheduled appointments to complete the series—may be permitted *temporary* participation while finishing the process.
- **Students with a valid medical exemption** may participate once we receive the official New York State medical exemption form, signed by a licensed physician.
- **Religious or personal exemptions** are not permitted under New York State law.

These guidelines are not a matter of school preference—they are legal requirements for all New York schools and following them ensures our program can operate without interruption.

We appreciate your understanding as we work within these state guidelines, and we are happy to answer any questions or help guide you through the process of submitting records or exemption forms.

Warmly,  
The VHCA School Board



School Year: \_\_\_\_\_

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

**Application & Registration Form – One Per Student**

***To fill out online: download the application, fill it out digitally, send to school as attachment.  
Or simply print, fill out, and either mail or return to the school.***

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 ☐ Walk

Pick up in the afternoon: ☐ Car ☐ 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

\_\_\_\_\_  
Name Relationship to Child Contact Number

\_\_\_\_\_  
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 #

School Year: \_\_\_\_\_

*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

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:

- |   |  |
|---|--|
| <input type="checkbox"/> Location             | <input type="checkbox"/> Recommendation of a current student/family      |
| <input type="checkbox"/> Christian Philosophy | <input type="checkbox"/> Displeasure with public school                  |
| <input type="checkbox"/> Academic Program     | <input type="checkbox"/> Strong desire on the part of my child to attend |

We first learned of VHCA through:

- |  |   |
|--|---|
| <input type="checkbox"/> Student(s) currently enrolled | <input type="checkbox"/> Parents of VHCA students |
| <input type="checkbox"/> Newspaper Article             | <input type="checkbox"/> Church pastor            |
| <input type="checkbox"/> Advertisement                 | <input type="checkbox"/> VHCA Website             |
| <input type="checkbox"/> Social Media                  | <input type="checkbox"/> Other _____              |

**Financial Information:**

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

My non-refundable Registration Fee is **\$50.00** due with application. (Students are not considered enrolled until application is filled in, signed and the registration fee is paid)

My Science Lab Fee is: \$ **20.00** (Grades 7-12 only)

My Tuition Cost for the year is: **\$880/class (first child)** \$ \_\_\_\_\_

Multiple Child Discount Available: **\$700/class (second child), \$560/class (third child)** \$ \_\_\_\_\_

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 10<sup>th</sup> 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.**

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**K4 – 3<sup>rd</sup> 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.

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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?

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*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: \_\_\_\_\_

<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

**Valley Heights Christian Academy**  
**75 Calvary Drive Norwich, New York 13815**  
[office@vhcaonline.com](mailto:office@vhcaonline.com)