

VERNDALE AREA CHRISTIAN ACADEMY



ENROLLMENT FORM

DATE OF ENROLLMENT ____/____/____

CHILD INFORMATION

First Name: _____ Last Name: _____

Address: _____

City/State/Zip: _____ Date of Birth: _____ Sex: M | F

ENROLLING PARENT/GUARDIAN INFORMATION

First Name: _____ Last Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____ Driver's License #: _____

Place of Employment: _____ Phone: _____

SECOND PARENT/GUARDIAN INFORMATION

First Name: _____ Last Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____ Driver's License #: _____

Place of Employment: _____ Phone: _____

Child Live with: Both Parents Mother Father Grandparents Other: _____

Authorization to Pick-Up Child

***Proper Notification and Identification is required before the child will be released to anyone.**

Name: _____

Relationship to Child: _____ Phone Number: _____

Name: _____

Relationship to Child: _____ Phone Number: _____

Name: _____

Relationship to Child: _____ Phone Number: _____

Please list anyone who is **NOT ALLOWED** to pick-up your child from VACA School.
(A copy of the court order is required if a parent is not allowed to pick up the child)

Names: _____

AUTHORIZED EMERGENCY CONTACTS - REQUIRED

We will contact if we are unable to reach either parent/guardians and will be authorize to pick-up the child. Please ensure the Authorized Emergency Contacts match those on your Emergency Card.

Name: _____ Phone: _____
Address: _____ Relationship: _____

MEDICAL INFORMATION

Child’s Physician/Clinic: _____ Phone Number: _____
Address: _____

Child’s Dentist: _____ Phone Number: _____
Address: _____

Does your child have any **Allergies**? Yes No Please describe if Yes: _____

Are there any **Medical** concerns or needs concerning your child that we should be aware of? Yes No
Please describe if Yes: _____

RELEASE AGREEMENT

- _____ 1. I have received a copy of the Tuition fees and will agree to the rates for the school year.
- _____ 2. I have received a copy of the Parent Handbook. I know it is my responsibility to read it.
- _____ 3. I authorize Verndale Area Christian Academy staff to initiate emergency medical and dental care (i.e. CPR/First Aid) and to call Emergency Personnel (911), if need arises.
- _____ 4. I authorize Verndale Area Christian Academy staff to contact Poison Control, if need arises, and follow any guidelines they recommend for my child.
- _____ 5. I hereby give permission for Verndale Area Christian Academy my enrolled child in to have photos taken and printed in newspapers, newsletters, school website for purposes of publicizing the program, reports on program progress, and sharing special events with the public. I understand that this could include videotaping.
- _____ 6. I hereby give permission for the exchange of any information between Verndale Area Christian Academy and Verndale School district staff whenever such exchange would enable either party to better meet the needs of my child.
- _____ 7. I authorize Verndale Area Christian Academy staff to take my child on walks as weather permits. Also, upon notification and my signature of permission, the center is authorized to take my child on planned filed trips on foot or appropriate transportation. I also understand that no refunds will be given unless the field trip is canceled by Verndale Area Christian Academy.

Verndale Area Christian Academy will not be responsible for anything that may happen as a result of false information given as part of the enrollment process.

Parent Signature: _____ Date: _____

OFFICE USE ONLY

Registration Fee Received on: ____/____/____ Rec’d by: _____ Check #: _____