VALOR INSTITUTE COMMUNITY STUDENT ENROLLMENT PACKET

Full Legal Student Name: _____

(Last) (First) (Middle)

STUDENT/FAMILY INFORMATION

Student Information:

Preferred Name:_____ School Year: _____

DOB:_____ Gender: M F

Mailing Address:_____

Physical Address:_____

Best Contact Number:_____

Grade Entering:

☐ **Preschool: _____ (Indicate 2 day or 3 day & age)**

☐ **Pre-K 4 year** ☐ **Kindergarten 5 year** ☐ **1st Grade** ☐ **2nd Grade** ☐ **3rd Grade**

☐ **4th Grade** ☐ **5th Grade** ☐ **6th Grade** ☐ **7th Grade** ☐ **8th Grade**

AFTER SCHOOL CARE FOR YOUR K4/K5

Release time for K4/K5 is 12pm Monday-Friday. We would like to offer an After School Care Program for busy parents who may need to work during the day and cannot pick up their child at 12pm.

COST: $3.50/HR

Check box below if you would like to utilize after school care & which days & times:

PICK UP TIME: 3PM (Monday-Thursday)

2PM (Friday)

☐ **AFTER SCHOOL CARE**

Please select the time you would like to pick your child up from care:

☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday
Time: **12-**	**12-**	**12-**	**12-**	**12-**

This is a great option for parents to utilize everyday OR if you are planning to be out of town for the day or know you are going to have napping babies, you can utilize it on a day-by-day basis. K4/K5 students will need to pack a **normal snack for morning** snack time, **a full lunch**, and possibly an **afternoon snack** if your child will need one before 3pm.

Please notify teacher and after school care worker by **8am** of your need for after school care each day if you will not be utilizing it every day!

Full Legal Student Name: _____

Parent/Guardian Information:

_____

(Last) (First) (Middle)

DOB: _____ Marital Status:_____

Relationship to Student:_____

E-mail:_____

Mailing Address:_____

Physical Address:_____

Cell:_____ Home:_____

Work:_____ Best Contact Number:_____

Occupation:_____

Employed By:_____ _____

Normal Work Hours:_____

Work Address:_____

In the event of an emergency, please indicate if parent/guardian listed above should be the primary or secondary emergency contact:

☐ 1st ☐ 2nd

Check if the following is/are true for the person listed above:

☐ Legal custodial parent/guardian of student

☐ Lives in same household as student

Parent/Guardian Information:

_____

(Last) (First) (Middle)

DOB: _____ Marital Status: _____

Relationship to Student:_____

E-mail:_____

Mailing Address:_____

Physical Address:_____

Cell:_____ Home:_____

Work:_____ Best Contact Number:_____

Occupation:_____

Employed By:_____ _____

Normal Work Hours:_____

Work Address:_____

In the event of an emergency, please indicate if parent/guardian listed above should be the primary or secondary emergency contact:

☐ 1st ☐ 2nd

Check if the following is/are true for the person listed above:

☐ Legal custodial parent/guardian of student

☐ Lives in same household as student

Please list your child's Physician, Dentist, and answer each question. If none, indicate with "N/A" or "none".

Physician:_____ Phone:_____ Dentist:_____ Phone:_____

1. List any frequent illnesses and/or hospitalizations: (ear infections, strep throat, seizures, etc.)
   _____
2. What communicable diseases has this child had? (chicken pox, measles, mumps, etc.)
   _____
3. Does this child have any allergies? ☐ Yes ☐ No If YES, please explain:
4. _____
5. Are here any special medical concerns we should know about? ☐ Yes ☐ No IF YES, please list:
   _____
6. Is this child currently taking medications? ☐ Yes ☐ No If YES, please list what they are for and why:
   _____
7. Are there other health concerns of which we should be advised? ☐ Yes ☐ No If YES, please explain:
   _____
8. Does your child receive therapeutic services in a developmental center or school? ☐ Yes ☐ No
   If YES, please check which services:

   ☐ Occupational Therapy ☐ Speech Therapy ☐ Psychological/Counseling Services

   ☐ Physical Therapy ☐ Behavior Therapy ☐ Other: _____

Full Legal Student Name: _____

9. Please check any of the following that pertain to your child:

☐ Wears glasses ☐ Reads lips ☐ Uses light board or other adaptive devices

☐ Wears hearing aides ☐ Uses sign language or hand signals ☐ Other: _____

10. Would your child be able to evacuate the building without assistance? ☐ Yes ☐ NO

MEDICATIONS: PRESCRIPTION AND/OR OVER-THE-COUNTER

ANY STUDENT REQUIRING MEDICAION TO BE ADMINISTERED AT SCHOOL (PRESCRIBED MEDICATION OR CONTINUOUS OVER-THE-COUNTER MEDICATION) MUST HAVE AUTHORIZATION DETAILING THE MEDICATION DOSAGE, AND LENGTH OF TIME THE STUDENT WILL BE TAKING THE MEDICATION. THE MEDICAL AUTHORIZATION AND ANY MEDICATION (MUST BE IN ORIGINAL CONTAINER) MUST BE BROUGHT TO THE SCHOOL OFFICE, CLEARLY LABELED WITH THE STUDENT'S NAME. FOR EACH MEDICATION, A SEPARATE MEDICATION AUTHORIZATION FORM WILL NEED TO BE CONPLETED DETAILING THE ABOVE INFORMATION.

Occasional students may need an over-the-counter (OTC) medication for a slight injury, headache, cut et cetera; VIC will administer the following OTC medications according to package directions. If you have a brand preference other than what is listed below, you must indicate as such on the line next to the OTC and provide it. (**Please Check**)

- ☐ **Acetaminophen (generic brand: chewable &/or tablet)**
- ☐ **Ibuprofen (generic brand: chewable &/or tablet)**
- ☐ **Wound Cleanser (generic brand)**
- ☐ **Triple Antibiotic Ointment (generic brand)**
- ☐ **Cortisone/Anti-Itch Cream/Ointment (generic brand)**
- ☐ **Peppermint Essential Oil (headaches)**
- ☐ **Nano Silver (antifungal, antiseptic, antibacterial)**
- ☐ **Papaya Enzyme Chewable Tablets (All natural digestive aid for upset stomach- no artificial colors)**

As parent/guardian of the student listed on this enrollment form, I hereby give Valor Institute Community permission to administer the ***above checked*** over the counter medications as needed.

_____ _____

Signature of Parent/Guardian Date

Authorized Adults

In the event of an emergency, please indicate your name and phone number where you and an authorized person can be reached:

Father/Guardian: _____ **Phone:** _____

Mother/Guardian: _____ **Phone:** _____

Other Authorized Person: _____ **Phone**: _____

Physical Address: _____

Should the need arise, I, _____ hereby give permission to **Valor Institute Community** to obtain medical or surgical care from a health care facility, physicians, or dentists for my child whose name and date of birth are:

Full Name:_____ **Date of Birth**: _____

It is understood that a conscientious effort will be made to locate me before action will be taken. If this is not possible treatment as deemed necessary by the physician/dentist may be taken. I further consent to transportation of the above named child to the nearest of most appropriate medical facility.

_____ _____

Signature of Parent/Guardian Date

VALOR INSTITUTE COMMUNITY STUDENT ENROLLMENT PACKET

Full Legal Student Name: _____

MEDICAL INSURANCE INFORMATION FOR STUDENT

Primary Insurance Company Name: _____

Address: _____

Policy Holder Name: _____ Policy Number: _____

Secondary Insurance Company Name: _____

Address: _____

Policy Holder Name: _____ Policy Number: _____

I authorize the hospital and attending physicians to submit claims to the above named company and hereby assign benefits directly to this company. I understand that I am financially responsible to providers of service for charges not covered by any insurance payments.

_____ _____

Signature of Parent/Guardian Date

SUPPLEMENTAL INFORMATION

OTHER INFORMATION

Please tell us why you are enrolling your child in Valor Institute Community?

_____

_____

_____

_____

Name of church student attends: _____

Pastor's Name: _____

CHILD CARE PROVIDER INFORMATION IN APPLICABLE

Provider Name: _____ Phone: _____

Physical Address: _____

OTHER ADULTS LIVING WITH THE FAMILY

Full Name: _____Relationship: _____

Full Name: _____Relationship: _____

VALOR INSTITUTE COMMUNITY STUDENT ENROLLMENT PACKET

Full Legal Student Name: _____

OTHER CHILDREN LIVING WITH THE FAMILY (NOT ENROLLED IN VIC)

Name: _____School Attending: _____ Age: _____

Name: _____School Attending: _____Age: _____

Name: _____School Attending: _____Age: _____

Name: _____School Attending: _____Age: _____

NONDISCRIMINATION STATEMENT

Valor Institute Community admits students of any race, sex, color, religion, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, sex, color, national and ethnic origin in administration of its educational policies, tuition assistance, and other school administered programs. Valor Institute Community reserves the right (within its legal capacity as a religious organization) to examine and assess the religious values, personal conduct, and faith of applicants to ensure that its Core Values, Philosophy, Statement of Faith, and Biblical Standards are upheld.

ACTIVITIES CONSENT

IN TOWN FIELD TRIP PERMISSION

I hereby give permission for _____ to walk or be transported on various in-town field trips sponsored by Valor Institute Community for the current school year. I understand that my child will be transported on a school bus with a certified CDL driver or secured in a seat belt or child safety device (as per Wyoming State Law) while being transported in another vehicle on a field trip. If my child is too young and/or too small to use a seat belt, I assume responsibility for providing a suitable child safety device for my child to use on field trips.

I understand that the Valor Institute Community office will always know where the children are and, if possible, have a number where they can be reached in case of an emergency.

_____ _____

Signature of Parent/Guardian Date

WATER AND ALL OTHER ACTIVITIES

Occasionally wading pools and/or tubs filled with water are used for school activities. Student will be well supervised by teachers and staf during activities. Students will be instructed on proper use and water safety before being allowed to participate in any activity.

(Initial) _____ I give permission for my child to participate in activities involving water during school hours without prior notification.

_____ _____

Signature of Parent/Guardian Date

I give permission for my student to participate in all school activities, premises and absolve the school from liability to me or my student because of any injury to my student at school or during any school activity. I also grant permission to the school administration or school employee to take whatever steps they deem necessary in an emergency if I cannot be reached. This may mean administering first aid, obtaining assistance of a doctor, or going to the emergency room of a hospital.

_____ _____

Signature of Parent/Guardian Date

VIC respects the privacy of our students. Health and medical information from this form will be kept private and only be shared with adults that are working with your student on a need to know basis.

_____Initials

Full Legal Last Name:_____

PHOTO & INFORMATION CONSENT

Parents often request classmate information of their child for making playdates, sending invitations for birthday parties, or other similar activities. In addition, there are times throughout the year, VIC students may be photographed during various school related activities or programs. Photos may be used in print in assorted school brochures, posters, or for publicity purposes in such venues as a newspaper. Digital images may be used in presentations during programs or on a school webpage. On occasion local media will cover various activities. Valor Institute Community (VIC) will not release information or photos without your consent. Please indicate your consent for each item below by **signing your initials** on the blanks provided; print and sign your full name on the lines at the bottom.

Agree	Do Not Agree	
_____	_____	I understand that my child's image, likeness, or voice may be used, photographed, taped, or videoed for the express purpose of educational activities, promotional, advertising, webpage development, instructional, publicity, or other purposes by VIC and will not be released or sold to other entities. Webpages, digital images, or photographs shall be the property, solely and completely of Valor Institute Community.
_____	_____	I understand that local media may photograph my child during school related activities or events.
_____	_____	I understand that Valor Institute Community will make every effort to always protect my child's privacy. By signing below, I indicate that I have read and understand the means in which my child's personal information or photos may be used. This consent and release will remain in place unless withdrawn in writing by me.

Dated: _____

_____ _____

Print Name of Parent/Guardian Signature of Parent/Guardian

Full Legal Student Name: _____

AUTHORIZED PICK UP

Authorized Pickup Persons: Include non-custodial parent if applicable

PER STATE LICENSING REQUIREMENT – ADDRESS LINES MUST BE COMPLETELY FILLED IN FOR ANY AUTHORIZED PICK UP PERSON

1ST Authorized pick up other than parent/guardian

Full Name: _____ Relationship to Student: _____ Lives with Student: Y N

Phone Numbers: Work: _____ Cell: _____ Home: _____

Physical Address: _____

Mailing Address: _____

2nd Authorized pick up other than parent/guardian

Full Name: _____ Relationship to Student: _____ Lives with Student: Y N

Phone Numbers: Work: _____ Cell: _____ Home: _____

Physical Address: _____

Mailing Address: _____

3rd Authorized pick up other than parent/guardian

Full Name: _____ Relationship to Student: _____ Lives with Student: Y N

Phone Numbers: Work: _____ Cell: _____ Home: _____

Physical Address: _____

Mailing Address: _____

Demographics: IRS Revenue Procedure 75-50 requires schools to keep records on the ethnicity and racial composition of its student body, faculty, and administrative staff for each academic year.

Ethnicity:

- ☐ Hispanic/Latino
- ☐ Not Hispanic/Latino

Race:

- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Black/African American
- ☐ Native Hawaiian/Pacific Islander
- ☐ White

Full Legal Student Name: _____

RESTRICTED PICK UP FORM

RESTRICTED PICK-UP

Please list below the name (s) and relationships of anyone (known to your child/children) who is **NOT** authorized to pick up your child/children. It is helpful if you could **provide either a picture or a photocopy of a picture** of the person for us to keep on file. Please write a brief description of the person.

Name: _____ Relationship: _____

Reason for restriction: _____

Description: _____

_____

_____

_____

Name: _____ Relationship: _____

Reason for restriction: _____

Description: _____

_____

_____

_____

Name: _____ Relationship: _____

Reason for restriction: _____

Description: _____

_____

_____

_____

Full Legal Student Name: _____

VALOR INSTITUTE STATEMENT OF FAITH

We believe that the Bible is the Word of God and without error in the original manuscripts, written fully under the inspiration of the Holy Spirit. We believe that the Bible has supreme authority in all matters of faith and conduct. (1 Corinthians 2:13, 2 Timothy 3:16-17, 2 Peter 1:20-21)

We believe that there is one living and true God, eternally existing in three persons who are equal in divine perfection and who execute distinct, but harmonious offices. (Matthew 28:19, John 14: 16-31, 2 Corinthians 13:14)

We believe in God, the Father, the infinite personal Spirit, alive, perfect in holiness, wisdom, and power. We believe that He wants and craves relationship with people; and has sovereignly given authority to man to carry out the government of His Kingdom on earth. (Psalm 8, Revelation 5:10, Matthew 28: 16-20, Mark 16: 14-18, John 3:16, Psalm 46:1, Psalm 47:7-8) We believe that He hears and answers prayers and that He saves from sin and death all who come to Him through Jesus Christ. (Exodus 20:2-3, Deuteronomy 4: 6-8, psalm 145: 17, Isaiah 45: 21-22, Jeremiah 10:10, John 1: 1-2, 4:23-24, 1 Corinthians 8:6, 15: 4-8, Revelation 20: 4-6)

We believe in Jesus Christ, God's only begotten Son, conceived by the Holy Spirit. We believe in Jesus' virgin birth, sinless life, miracles, and teachings. We believe in His Lordship, substitutionary atoning death, bodily resurrection, ascension into heaven, perpetual intercession for His people as High Priest, and His second coming. We believe in the personal, visible return of the Lord Jesus to earth. We believe that salvation is found in no other name, that Jesus Christ is the only way to heaven (Matthew 1:23, Luke 1:35, John 1:1-2, Acts 1:9-11, 4:12, Romans 10:9-10, 1Corinthians 15:4-8, 1 Thessalonians 4:16-17, Hebrews 4:15, 7:25-27, 8:1, 9:24, 1 Peter 2:24, 3:18-22, Revelation 20:2-6).

We believe in the Holy Spirit who came forth from the Father and the Son to convict the world of sin, righteousness, and judgment, and to regenerate, sanctify, and empower all who believe in Jesus Christ. We believe that the Holy Spirit indwells every believer in Christ, that He seals every believer, and that He is an abiding helper, teacher, and guide. (John 3:6, 16:7-8, Acts 1:8, Ephesians 4:30)

We believe that all unregenerate men are, by nature and by choice, sinners, but that "God so loved the world that he gave His only begotten Son, that whosoever believeth in Him should not perish, but have everlasting life." (John 3:16) We believe, that those who accept Christ as Lord and Savior will rejoice forever in God's presence; and are now blameless and in right standing with the Father. Genesis 1:27, 31, 2:16-17, 3:1-6, psalm 51:5, Luke 16:22-31, John 1:12, 3:1-7, 3:16-18, 14:2-3, Acts 13: 38, Romans 3:19, 23, 5:1, 19, 2 Corinthians 5:1, Ephesians 1, 2, Revelation 20:15, Isaiah 62:12, Isaiah 54: 17, Romans 8:17, 3:21-26)

We believe in a living spiritual body of which Christ is the head and all regenerated persons are members. We believe in the local church consisting of a company of believers in Jesus Christ, baptized on a credible confession of faith, and associated for worship, work, and fellowship. We believe that God has laid upon believers the primary task of having relationship with God the Father, by His Son Jesus Christ, and through Holy Spirit. And then sharing the good news of the Kingdom of God by the demonstration and testimony of the love of God with the world around them (us). (Acts 2: 41-42, 1 Corinthians 1:2, 12:13, Galatians 1:2, Ephesians 1:22, 23, 1Thessalonians 1:1, 1 John 1:3, Revelation 12:11)

We believe that God wonderfully and immutably creates each person as male or female. These two distinct, complementary genders together reflect the image and nature of God. (Gen 1:26-27.) Rejection of one's biological sex is a rejection of the image of God within that person.

Full Legal Student Name: _____

We believe that the term “marriage” has only one meaning: the uniting of one man and one woman in a single, exclusive union, as delineated in Scripture. (Gen 2:18-25.) We believe that God intends sexual intimacy to occur only between a man and a woman who are married to each other. (1 Cor 6:18; 7:2-5; Heb 13:4.) We believe that God has commanded that no intimate sexual activity be engaged in outside of a marriage between a man and a woman.

We believe that any form of sexual immorality (including adultery, fornication, homosexual behavior, bisexual conduct, bestiality, incest, and use of pornography) is sinful and offensive to God. (Matt 15:18-20; 1 Cor 6:9-10.)

We believe that in order to preserve the function and integrity of Valor Institute Community as a Christian school, and to provide a biblical role model to the VIC students and the community, it is imperative that all persons employed by VIC in any capacity, or who serve as volunteers, board members, students & parents/guardians agree to and abide by this Statement on Marriage, Gender, and Sexuality. (Matt 5:16; Phil 2:14-16; 1 Thess 5:22.)

We believe that God offers redemption and restoration to all who confess and forsake their sin, seeking His mercy and forgiveness through Jesus Christ. (Acts 3:19-21; Rom 10:9-10; 1 Cor 6:9-11.)

We believe that every person must be afforded compassion, love, kindness, respect, and dignity. (Mark 12:28-31; Luke 6:31.) Hateful and harassing behavior or attitudes directed toward any individual are to be repudiated and are not in accord with Scripture nor the doctrines of Valor.

We believe that all human life is sacred and created by God in His image. Human life is of inestimable worth in all its dimensions, including pre-born babies, the aged, the physically or mentally challenged, and every other stage or condition from conception through natural death. We are therefore called to defend, protect, and value all human life. (Ps 139.)

We believe that the Lord Jesus Christ has committed to the church (His body of believers) the Lord’s Supper (communion) to be observed and administered on a regular basis until His return. (1 Corinthians 11: 23-29, Matthew 26: 26-30)

Full Legal Student Name: _____

ATTENDANCE/ILLNESS POLICY

We believe that regular attendance is important to your student's academic success. Please observe the following policies and contact us if you have any questions.

- "Attendance" is defined as the student being present and actively participating in the classroom for the majority of the day.
- "Tardy" is defined as a student not being with their teacher by 8:25 AM, and subsequently in their classroom at 8:30 AM (official start of school day). Students are allowed 5 excused tardies within ONE (1) 9-week period (Quarter). Total.
- An "excused absence" is any absence planned or unplanned due to illness, family commitments, appointments, or another activity the parent deems more important than attending school. The parent bears the responsibility of communication with the administrator and teacher in a timely manner for any absence. Students will be responsible for making up any class work missed during their absence.
- **In the event of an unplanned absence due to illness or family emergency, the parent is to notify the office by 9:00 AM.**
- Students are allowed 10 excused absences per semester; however, if at any time absences are negatively affecting the student or classroom environment, the student's teacher or administrator will notify parents or request a conference to determine a solution.
- An "unexcused absence" is any absence that is not communicated to the administrator or teacher. Please understand that your student and family are cared about by our staff. If your child does not show up for school and we do not receive any communication as to why, we will naturally be concerned for their safety. A family is allowed 2 unexcused absences per school year. If more than 2 unexcused absences occur, your family will be placed on academic probation and reviewed by the Board as to your "fit" to continue attending VIC.
- If your child is sick, please keep them home! The health of your students and of the entire student body is so important to the success of the school year. We ask that you use wise judgment in sending your child to school and observe the **"24-hour Rule"** regarding fevers and flu-like symptoms.
- **Any student sent home from school with a fever will not be admitted to school the following day without a doctor's note.**

I understand and agree with the Attendance/Illness policy of Valor Institute Community.

_____ _____

Parent/Guardian Signature Date

Full Legal Student Name: _____

Tuition: Core Enrollment

All families with students enrolled full-time are required to pay an annual, non-refundable curriculum fee of $175.00 (Preschool), **$200.00(k4/k5) or $300.00(1st-8th Grade)** per student, and an annual, non-refundable enrollment fee of $125 (per child). Enrollment fees are due upon submission of application, and prior to **June 1st**, this fee secures your child's space in the school and goes towards additional classroom/teacher/building supplies. Curriculum fees are due by **July 1st** and cover a variety of supplies including but not limited to: Workbooks, textbooks, classroom supplies, library needs, art, craft, and science lab supplies.

Field trip fees, school photos, and miscellaneous club or school activities are not included in the cost of curriculum fees or tuition. Any additional costs are communicated to families with as much notice as possible.

	ANNUAL COST	MONTHLY COST
Registration/Enrollment Fee if paid *after* 4/15/23	**$125.00**	**X**
Curriculum Fee Preschool	**$175.00**	**X**
Curriculum Fee K4/k5	**$200.00**	**X**
Curriculum Fee 1st-8th Grade	**$300.00**	**X**
Pre-K4/K5	**$2200.00**	**$220.00**
1st-7th Grade	**$3500.00**	**$350.00**
Preschool (2 day)	**$1500.00**	**$150.00**
Preschool (3 day)	**$1750.00**	**$175.00**

SCHOLARSHIP/DISCOUNT OPPORTUNITIES

Valor Institute Community understands the hardship that tuition can be, so we off multiple scholarship opportunities. These opportunities require financial information through partnership companies who evaluate your qualifications.

ACE SCHOLARSHIPS

*UP TO 50% OF TUITION W/ SMALL CORRESPONDENCE REQUIRED BY PARENTS WITH ACE THROUGHOUT THE SCHOOL YEAR.

*APPLICATION (W/ FINANCIAL INFORMATION) REQUIRED DURING FEBRUARY-APRIL OF PREVIOUS SCHOOL YEAR.

TADS SCHOLARSHIPS

*UP TO 50% OF TUITION W/ GOOD STANDING IN MONTHLY PAYMENTS

*IN HOUSE SCHOLARSHIPS RAISED THROUGH PARTNERSHIP BANQUETS

*APPLICATION (W/ FINANCIAL INFORMATION) REQUIRED DURING JUNE/JULY OF SAME SCHOOL YEAR

MULTIPLE CHILD DISCOUNT (10%)

*AWARDED TO ALL FAMILIES ENROLLING MORE THAN 1 CHILD (FROM SAME HOUSEHOLD)

*NO APPLICATION REQUIRED

*APPLIES TO 2ND AND EACH SUBSEQUENT CHILD ENROLLED. (1ST CHILD PAYS FULL PRICE)

Full Legal Student Name: _____

FINANCIAL POLICY AGREEMENT

Valor Institute Community's operational budget is mainly supported by the tuition money paid for enrolled students. Your adherence to the financial arrangements made for each school year allows VIC to faithfully uphold faculty contracts and commitments in a consistent and timely manner. We thank you for your cooperation in this!

- Tuition may be paid in the form of cash or check. A $35.00 fee will be assessed for all returned checks. If a check is returned, another form of payment must be determined as VIC will no longer accept a check.
- Tuition payments are due on the **1st day of the month.** A grace period of five (5) calendar days is allowed if arranged in advance with administration, after which **a late fee of $25.00 per student (per month)** will incur. Any alternative payment arrangements must be approved by the Board of Directors.
- If a student's account is more than 15 days past due, parents will receive a statement and/or phone call reminding them of the urgency of promptly bringing their account current and discuss a plan to do so.
- If a student's account is more than 45 days past due, parents will be requested to submit a plan outlining a payment schedule bringing their account current so that their child may remain at school.
- An account more than 75 days past due will be sent to collection and the student(s) officially discharged from the school. In order to re-enroll at VIC, families must restart the enrollment process, which will not begin until ALL past due amounts are paid in full.
- Valor Institute Community requires **written notice 30 days prior** to withdrawal of your student. If withdrawing before the first day of school, any tuition paid will be refunded. If withdrawing after the first day of school, you will be responsible for the full amount of tuition for the last month your child was enrolled at VIC, regardless if your child is physically present in class or not.
- Any **curriculum fees** paid are non-refundable regardless of the date of withdrawal.
- All tuition and fees must be paid in full before VIC will release any student records or grades to a parent or new school.
- Families will not be permitted to re-enroll with any outstanding balances due.

Below section for Administration Office only:

Family Name: _____

Scholarship Awarded Y/N: _____

Number of Students	Account Total	Applicable Discounts	Terms

For Parent (below):

With my signature below, I acknowledge that I have read and will adhere to the policies stated within the Financial Policy Agreement above:

_____ _____

Signature of Responsible Party Date

_____ _____

Signature of VIC Representative Date Received

Parent Agreement

After reading the Parent/Student enrollment packet, please sign and return this page. If you have any questions, feel free to call the office.

Family/Student Handbook Statement

Name of Student(s) enrolled:

_____
_____
_____
_____

I have read and understand the policies outlined in the FAMILY/STUDENT handbook.

_____ _____

Signature of Parent/Guardian Date

Agreement Statement

It is understood that my child's attendance is a privilege and not a right, and that if at any time his/her conduct, academic progress, or cooperation with the school's authorities is not in keeping with the school's requirements, the school reserves the right to terminate at its discretion my child's enrollment.

I agree to cooperate with the school in its efforts to provide a Christ-centered education and Christian training for my child. I am willing to abide by the school's regulations in matters of personal conduct and respect for authority.

I give permission for my child to take part in all school activities. In consideration of the mutual covenants contained herein and in the student handbook and for such other valuable consideration, receipt of which is hereby acknowledged, I hereby knowingly and voluntarily release all claims I may have on my behalf and on behalf of my child again Valor Institute Community for negligence at school or any school activity. I agree with the school's effort to train my child in the Bible and will encourage my child in this and in all other phases of instruction.

I pledge to cooperate with the school in its efforts to administer discipline to my child in accord with the standard the school sets for itself.

If my child voluntarily withdraws or is requested to withdraw by the school, it is understood and accepted that registration fees are not refunded. Tuition fees are required for months enrolled.

_____ _____

Signature of Parent/Guardian Date

Full Legal Student Name: _____

ENROLLMENT PROCESS CHECKLIST

_____ Enrollment packet completed

_____ Birth Certificate (Proof of Age, Citizenship, & Gender)

_____ Immunization Record (if applicable)

_____Vaccination Exemption Form (if no Immunization Record is available)

_____ Statement of Faith

_____ Financial Policy Agreement

_____ Annual Remind App Opt-In From

_____ School Calendar

_____ $125.00 enrollment fee (per child) Due June 1st

_____ $200.00 curriculum fee (per child) for Preschool only Due July 1st

_____ $200.00 curriculum Fee (per child) for Kindergarten only Due July 1st

_____ $300.00 curriculum Fee (per child) for 1st-8th Grade only Due July 1st