

Valley Christian Academy

Consent and Release Form for Athletic Activities

I/We, the undersigned parent (s) or guardian (s) of _____
age _____ hereby consent to the participation of my child in the activities connected with the Valley Christian Academy athletic program. I certify that my child is able to participate in all of these activities. If my child has medical conditions which may be relevant to a physician in the event of an emergency, they have been listed below. In the event that an emergency occurs, I may be reached at the telephone listed on the Emergency Information and Medical Consent form. If I cannot be reached within a reasonable period of time as determined by the staff, I hereby authorize the staff to make emergency medical decisions for my child in accordance with the Emergency Information and Medical Consent form. If there are any activities in which I do not want my child to be involved, I have listed them below.

I understand and hereby agree to assume all of the risks which may be encountered in said activities, including activities preliminary and subsequent thereto. I do, for myself and for my child, heirs and assigns, hereby irrevocably and unconditionally release, acquit and forever discharge Valley Christian Academy, and its agents, employees, and volunteers from any and all liability, actions, causes of actions, claims, expenses, obligations and damages of any nature whatsoever, which I now have or which may arise in the future, in connection with my child's participation in the described activity or any other associated activities including, but not limited to, any injury to my child or property, even an injury resulting in death.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of California and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto

I further state that I HAVE CAREFULLY READ AND UNDERSTAND THE FOREGOING RELEASE AND KNOW THE CONTENTS HEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT. I understand that this is a legally binding agreement.

Consent and Release Form for Athletic Activities

Medical conditions to be aware of and physical restrictions: _____

Instructions and medications: Date of last tetanus or booster shot: _____

I do not wish my child to participate in the following activities: _____

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Valley Christian Academy

Emergency Information and Medical Consent

General Information

Student's Name: _____ Birth Date: _____

Father's Name: _____ Day Phone: _____

Home Address: _____ Phone Number: _____

Mother's Name: _____ Day Phone: _____

Home Address: _____ Phone Number: _____

Legal Guardian: _____ Day Phone: _____

In addition to the above, please indicate who may pick up your child from school or may be contacted in case of an emergency.

	Name	Day Phone	Relationship
1.	_____	_____	_____
2.	_____	_____	_____

I/we give permission for my child to _____ Ride a bike home with a helmet or _____ Walk home.

Medical Information

Physician's Name: _____ Phone Number: _____

Insurance Carrier: _____ Medical Plan Number: _____

Dentist's Name: _____ Phone Number: _____

Insurance Carrier: _____ Medical Plan Number: _____

Please indicate if student is allergic to any medication, food, etc. _____

Medical Consent

In case of accident or serious illness, I request the school contact me. If the school is unable to contact me or the Emergency Contacts listed above, I hereby authorize the school to call the physician indicated above and to follow his/her instructions. If unable to contact the physician, the school is hereby authorized to make whatever emergency medical arrangements are deemed necessary.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Legal Guardian's Signature: _____ Date: _____

Valley Christian Academy
FINANCIAL AGREEMENT
2011-2012

I/we understand that there is a non-refundable application fee of \$100.00 and a testing fee of \$30.00 per student.

I/we understand that the cost of the program for the 2010-2011 school year is (check one)

- Kindergarten:** \$3,650 (Payable in 10 monthly payments; see below)
- Grades 1 – 6:** \$4,200 (Payable in 10 monthly payments; see below)
- Grades 7 – 12:** \$4,400 (payable in 10 monthly payments; see below)

I/we will pay (check one);

- The total due as noted above
- Kindergarten:** \$365 due August 1 and \$365 each month for 9 months
- Grades 1 – 6:** \$420 due August 1 and \$420 each month for 9 months
- Grades 7 – 12:** \$440 due August 1 and \$440 each month for 9 months

I/we understand there may be an extra charge for any repeat work and SOS homework solutions.

Families with more than one child enrolled will be given a ten percent (10%) discount per child for the 2nd child and each additional child. The discount will be applied to the lowest tuition(s).

Late Fees: Payments are due the first of every month. Payments received after the 10th day of the month will be charged a late fee of \$25. If the balance is not paid within twenty (20) days of initial due date, the student is considered withdrawn unless arrangements have been made with the administration.

Returned Checks: A service fee of \$25 will be charged for returned checks. Returned checks must be cleared within 5 days or your child will be considered withdrawn from the school.

AGREEMENT

I/we agree to meet the financial obligations as outlined above and will submit to program requirements.

Father's Signature

Mother's Signature

Date

Date

Valley Christian Academy
2011-2012

Photography Consent Form

Permission is give for pictures of my child, _____,
to be taken at any time. These pictures may be used for educational and
promotional purposes or for display in classroom pictures, etc.

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Valley Christian Academy

Medical History

IT IS MANDATORY that pupils who show symptoms of communicable diseases be excluded from classes until re-admission is acceptable to school authorities. Your cooperation will be greatly appreciated. Thank you.

General Information:

Student's Name: _____ Sex: _____ Birthplace: _____ Birth Date: _____

Father's Name: _____ Occupation: _____ Health: Good/Bad/ Deceased

Mother's Name: _____ Occupation: _____ Health: Good/Bad/Deceased

Doctor's Name: _____ Phone: _____

Doctor's Address: _____

Past Diseases: (If your child has had any of the following, state age when he/she had them.)

Asthma _____ Discharging of ears or infection _____ Pneumonia _____
Chicken pox _____ Hay fever _____ Polio _____
Convulsions _____ Heart disease _____ Pneumonic cough _____
Diabetes _____ Measles _____ Scarlet fever _____
Diphtheria _____ Mumps _____ Whooping cough _____

Recent Disabilities: (Please check all that apply.)

4 or more colds yearly _____ Fainting spells _____ Hearing difficulty _____
Frequent sore throat _____ Abdominal pain _____ Tires easily _____
Poor vision _____ Frequent urination _____ Shortness of breath _____
Frequent leg pain _____ Allergies _____ Hernia (rupture) _____
Dizziness _____ Persistent coughs _____ Ringworm _____
Frequent sties _____ Speech impediment _____ Nose bleeds _____
Dental defects _____ Crippling conditions _____ Growing pains _____

Immunization Record:

Copy of yellow immunization card or other documents indicating immunization information is required.

Has your child had a skin test for tuberculosis? _____

Has he/she been associated with tuberculosis patients? _____ When? _____

Personal Record: (Please answer the following.)

Is he/she shy? _____ Overactive? _____ Bites fingernails? _____ Sucks thumb? _____

Have excessive fears? _____ Temper tantrums? _____ Likes school? _____

Plays well with others? _____ Eats breakfast? _____ His/her bedtime? _____

His/Her rising time? _____

Notes: (Please note any other information the school should be made aware of.) _____

Parent's Signature

Date

STUDENT RECORD RELEASE

To Releasing School: _____

_____ Date

School Name

Address

City

State

Zip

Dear Counselor:

My child/children have been withdrawn from your school. Please release their academic, health, and behavioral records to the following school: Thank you.

Accepting School

Valley Christian Academy
1302 Hooper Road
Yuba City, CA 95993
(530) 674-9245

Students' Names
(Last name first)

Age

Grade Level at Time
of Withdrawal

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Requesting Parent

Signature of Receiving Principal

Valley Christian Academy

Student-Parent Technology Agreement

2011-2012

I, _____, (student name) understand that the computers at **Valley Christian Academy** are for educational purposes. This agreement is for the protection of students and for the security of **VCA** equipment.

I understand that abuse or unauthorized use of **VCA** computers shall result in disciplinary measures including: loss of computer privilege, financial compensation, detention, parental correction, suspension, or expulsion. In addition, any activity that violates state or federal law shall be turned over to the appropriate law enforcement agency. While using **VCA** computers,

1. Students shall not give out any personal, family, or school information such as: name, address, phone number, e-mail, or other such information.
2. Students shall not load any software, from CD, floppy, or Internet downloads. Staff member must do any program installation.
3. Students shall not attempt to access server or other workstations.
4. Students shall not attempt to access the Internet unless they have an "Internet Pass" from their teacher. Internet Passes must be returned to the teacher when students have completed the approved activity or at the end of the day, whichever comes first. The exception to this is Internet sites embedded in the SOS curriculum, which have been pre-approved; however students may not "surf" the Internet outside of these pre-approved links.
5. Students shall not be permitted to sign up for Internet accounts, messaging, e-mail, purchases/orders, or other services on **VCA** computers.
6. Students are not permitted to use **VCA** computers to, send, receive, or read e-mail.
7. Students shall not be permitted to play games over the Internet unless a teacher has approved the site and they have a pass to be on privilege status.

Student and Parent(s) agree to hold **VCA** harmless for student Internet activity.

Any violation of this agreement shall be taken seriously.

Student's Signature

Date

Parent/Guardian's Signature

Date

Valley Christian Academy

Student Standard of Conduct

Student's name: _____ Age _____
Last First Middle Initial

The student's attitudes, conversation, and behavior reflect the character of the institution from which he derives his training, both home and church. This form reflects on the Christian school's attempt to secure students who would best adjust to the rigor of a highly disciplined training program that must set high standards. These standards will result in a student of good character who will lead in the reformation for our nation and the world.

Do you attend church regularly? _____ Where? _____

Are you a Christian? _____ At what age did you receive Christ as your Savior? _____

Do you accept the Bible as God's Word and submit yourself to its principles as a final authority in every area of your life? _____

Will you promise not to draw, wear, or display in any way anti-Christian symbols? _____

Will you agree to dress according to the uniform guidelines and hair code? _____

Will you agree to dress in public in a manner that will be a consistent, daily example of our Lord Jesus Christ? _____

Will you honestly agree to keep all the school rules and respect authority without being critical and finding fault? _____

General Policy:

Students are expected to abide by these standards of conduct throughout their enrollment whether at home, church, or elsewhere.

Students found to be out of harmony with the school's ideals of work and life may be invited to withdraw whenever the administration determines it is necessary.

As a student of Valley Christian Academy, I pledge to uphold this school's standards against, cheating, swearing, smoking, gambling, drinking alcoholic beverages, using or talking favorably about narcotics, or using indecent language, and will act in a very orderly and respectful manner. I will maintain Christian standards in courtesy, kindness, morality, and honesty. I will strive to be of unquestionable character in dress and other areas of life.

I agree to abide by the above standards of conduct and other regulations expected of each student enrolled in the Christian education program while I am a student attending this school and will not give the impression to students, parents, or faculty that I am not in harmony with the goals, aims, and standards of the school.

Student's Signature Date

Parent's Signature Date