

AVA VICTORY ACADEMY

A ministry of Christian Center of the Ozarks

1005 N.W. 12th Avenue

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Ava, MO 65608

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NURSERY ENROLLMENT APPLICATION

Today's Date: _____ Date to Begin Enrollment: _____

Student's Full Name: _____

Name to be called: _____ SS# _____

Address: _____ Phone: _____

Date of Birth: _____ Birth Place: _____ Race: _____ Sex: _____
M / D / Y (City, State)

Please circle the days of the week that your child will be attending. Also, please circle 1/2 Day or Full Day.

Monday Tuesday Wednesday Thursday Friday 1/2 Day or Full Day

Time between 7:30am and 4:15pm needed: _____ to _____

_____ yes _____ no – my child is between 1 and 2 yrs. old and I give permission for he/she to sleep on a cot rather than in a crib.

_____yes _____no – I do not want my child's lunches billed with tuition

Has your child received required state immunizations? Yes _____ No _____
(If no, please explain on back. A shot record is required)

Are there any unusual factors in student's life that the Academy needs to be aware of? Yes _____ No _____
Example – absence of father or mother, in-laws or grandparents in the home, adoption, accidents, or health problems (If yes, please explain on back)

Please state who has legal guardianship of student: _____

Father's Name: _____

Address: _____

Phone: _____

E-mail: _____

Cell Phone: _____

Father's Employer: _____

Occupation: _____

Employer's Address: _____

Work Phone: _____

Mother's Name: _____

Address: _____

Phone: _____

E-mail: _____

Cell Phone: _____

Mother's Employer: _____

Occupation: _____

Employer's Address: _____

Work Phone: _____

Education: High School _____ Years
College _____ Years
Marital Status: Married _____ Divorced _____
Widower _____ Separated _____

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College _____ Years
Marital Status: Married _____ Divorced _____
Widower _____ Separated _____

Why do you wish to enroll your child at Ava Victory Academy? _____

How did you learn of A.V.A.? Other Parent ____ Teacher ____ Newspaper ____ Radio ____ Flyer ____
Other _____

Church Affiliation _____ Pastor _____ No. of years _____

Are you a member? Yes _____ No _____

Has the father accepted Christ as his/her personal Savior? Yes ____ Date: _____ No ____

Has the mother accepted Christ as his/her personal Savior? Yes ____ Date: _____ No ____

In making this application for registration of my child, I understand that:

1. It is the policy of Ava Victory Academy not to process any application unless accompanied by the non-refundable \$10.00 registration fee. I also understand that all book fees, ACSI fees, snack fees, supply fees and partial month tuition & set fees are non-refundable.
2. I will be responsible for and punctual in making regular tuition payments for each month that the child is enrolled. I also understand that my child will not be allowed into class if my account becomes 30 days past due. I understand that tuition payments are due on the 1st of each month and delinquent after the 10th at which time a late fee will be added as described in the tuition brochure. Any returned check or insufficient draft funds will result in a fee of \$25.00.
3. If at any time, my child is withdrawn from Ava Victory Academy, I will pay the remainder of my balance due. I understand that if this is not paid in full, the administration will take necessary legal steps to acquire the past due amount, and I will be held responsible for any legal fees.
4. Ava Victory Academy will place students in grades based on entrance exams or High School transcripts. Home school families will be required to submit curriculum information and textbook titles.
5. The school has full discretion in the classroom discipline of my child, and will follow the guidelines set forth in the handbook. I believe that discipline is necessary for the welfare of each student, as well as, for the entire school. I give permission for my child's teacher and/or other agent of the school to make and enforce classroom regulation in a manner consistent with Christian principles and discipline as set forth in the Scriptures. I understand that Ava Victory Academy does **NOT** use corporal punishment.
6. I understand that the school reserves the right to expel any student who does not abide by its policies or any student whose parents or guardians fail to cooperate with the school administration.

7. I agree that should my child become ill or suffer injury of any nature during the time that he/she is in attendance at Ava Victory Academy, said school shall undertake to contact me immediately. In the event said school is unable to reach me, it shall be authorized to secure such medical attention and care as may be necessary. The parent or guardian shall assume responsibility of payment or such attention.
8. I agree that Ava Victory Academy shall not be held responsible for any accidents or incidents that might occur during regular school day or school sponsored functions.
9. I give Ava Victory Academy permission for my child to take part in all school activities, including bus trips, sports activities, and school sponsored trips away from the school premises.
10. I agree to hold the school and its agents harmless for any liability to my child or any guardian or parent thereof because of any claims on behalf of my child against the school or any agent thereof because of any injury to my child. Should legal action, for any reason, be taken against Ava Victory Academy or any employees or agent thereof on my child's behalf and the school or its agent not be found at fault, I agree to pay any attorney's fees, court fees, damages or other costs that Ava Victory Academy or its agent should incur to defend itself against such action.
11. I have received a parent/student handbook and agree to read and return the signature page within 10 days.

Ava Victory Academy admits students of any race, color, and national or ethnic origin.

Signature: _____ Date: _____
(Father)

Signature: _____ Date: _____
(Mother)

Statement of Faith

We believe the Bible to be the only inspired, authoritative Word of God and a complete revelation of God (2 Tim. 3:16). We believe there is one God eternally existent in three persons: Father, Son, and Holy Spirit (Matt. 28:19). We believe in the deity of Christ, His virgin birth, His sinless life, His miracles, His vicarious atonement, His bodily resurrection, His ascension to the right hand of the Father, and His personal, visible second coming. We believe the ministry of the Holy Spirit is the following: to glorify the Lord Jesus Christ and during this age, to make men aware of sin, righteousness and judgment to come; to regenerate, indwell, guide, instruct, and empower all true believers in Christ; and to fill those yielded to God. We believe in the absolute necessity of regeneration of the heart and that the shed blood of Jesus Christ and His resurrection provide the only means for salvation, to all who believe. Therefore, only such as receive Jesus Christ are born of the Spirit and become children of God. We believe all who are saved are called unto a Spirit-filled life of service, separated from all worldly and sinful practices. We believe in the bodily resurrection and judgment of both the saved and the lost; they that are saved unto the resurrection of life and they that are lost unto the resurrection of eternal damnation. We believe in the spiritual unity of believers in Christ Jesus, both here on earth and in eternity to come.

I have read the above statement and agree to it with no reservations.

Parent's Signature: _____

Medical Information Card

Name: _____ Grade: _____

Physician: _____ Phone: _____ Date of last Physical: _____

Dentist: _____ Phone: _____ Date of last Exam: _____

Chronic Illness: _____

Routine Medications: _____ Dosage: _____

Allergies: _____ Emergency Treatment Needed: _____

May your child participate in school health screenings? Yes _____ No _____

Is your child covered by insurance? Yes _____ No _____ Medicaid # _____

Insurance Company: _____ Policy # _____

Additional information that would be helpful to the nurse: _____

May the school be allowed to give your child _____ pain reliever for headache (either Tylenol, Motrin, or Advil), or _____ over the counter cough, cold or allergy medicine for cold or allergy symptoms, or _____ Tums (or generic form of Tums) for stomach ache. The recommended dosage on the bottle will be followed.
Yes _____ No _____ Please call first _____

Parent's Signature & Date: _____

If we do not have signed form on file we will NOT administer any of the above.

When administering prescription medicine a different form will need to be filled out. This form may be picked up in the office.

If your child is running a fever of 100 degrees or greater, or is feeling too poorly to remain at school, parents will be notified immediately.

Ava Victory Academy has been advised that area hospitals are hesitant to provide medical treatment for a student unless the parent/guardian is available to sign a release form. However, they did indicate that they would treat the student if the parent/guardian provided an authorization indicating that a medical facility could provide treatment in case of an accident and/or emergency. Therefore, the following has been developed to help provide treatment, if necessary, when students are participating in school activities such as field trips, sporting events, etc.

In the event of an emergency and we cannot be reached, we give consent for Ava Victory Academy and its employees to give such medical care as reasonably necessary for the welfare of the student. We will hold the school, its employees, agents, representatives, coaches, volunteers, harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature which may arise with participation of my child in any activities, as long as the representative acts in a responsible manner.

Parent's Signature: _____ Date: _____

