

# Valiant Christian Academy

[www.valiantca.com](http://www.valiantca.com)

## New Student

### Schedule of Tuition and Fees 2024-2025

Grade	Registration period	Tuition
K4 – 12 <sup>th</sup>	Nov – March 1 <sup>st</sup>	\$4,620 (w/auto draft) \$385 mth *

\*Based on 12 monthly payments starting June thru May

\*There is a \$41 “one time” fee each year to set up automatic withdrawal accounts

#### Registration Fees/Costs (per student)

K4 – 12<sup>th</sup> \$250 (Max. \$400 per family)

If, for any reason, your child is not accepted into Valiant Christian Academy, 50% of the Registration Fee will be refunded. However, if you withdraw your child, cancel the registration or if your child is expelled for any reason, all fees and current tuition is non - refundable. Any tuition paid in advance will be refunded only for the full months after withdrawal date.

**\*\*All Fees Must Be Paid In full Before the First Day of School.**

#### Book Rental Fees

(Due by June 1<sup>st</sup>)

K4 – K5	\$275
1 <sup>st</sup> – 8 <sup>th</sup>	\$350
9 <sup>th</sup> -12 <sup>th</sup>	\$375

#### Activity Fees

(Due Aug 1<sup>st</sup> or within 30 days of registration)

K4 – 5 <sup>th</sup>	\$275
6 <sup>th</sup> – 12 <sup>th</sup>	\$300

#### Computer Lab Fee

\$50 per child or \$75 per family (excluding k4)  
(Due on or before August 1<sup>st</sup>)

#### Graduation Fees

K, 5<sup>th</sup> & 8<sup>th</sup> \$75      Seniors \$150

Gymnasium Fee K4-12<sup>th</sup> \$100 per student (Max. \$150 per family)

**\*Due with January tuition payment**

#### Financial Agreement

Parents are required to initial each statement and sign the “Statement of Financial Agreement” that is attached. This form indicates your full agreement with the financial policies of Valiant Christian Academy. Please note: **Any portion of the month attended will constitute a full month’s tuition.**

#### After School Care

After School Care is available from 3:15 – 4:30 pm at a rate of \$10.00 per day or \$45 per week. Any child picked up after 4:30 pm will incur a \$1.00 per minute fee due to the fact that child care workers will have to be paid overtime rates.

# Valiant Christian Academy

## NEW STUDENT APPLICATION



Date \_\_\_ / \_\_\_ / \_\_\_

Entering Grade \_\_\_\_\_

### STUDENT INFORMATION

Student's full name \_\_\_\_\_

Last

First

Middle

Current Address: \_\_\_\_\_

Number & Street

City/State

Zip

Primary Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Birth Date \_\_\_ / \_\_\_ / \_\_\_ Gender \_\_\_\_\_ Race \_\_\_\_\_ SS# \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Place of Birth: \_\_\_\_\_

County

City

State

U.S. Citizen: \_\_\_ Yes \_\_\_ No If 'No', please provide appropriate documentation.

Student lives with: Father \_\_\_ Mother \_\_\_ Stepfather \_\_\_ Stepmother \_\_\_ Other (please list) \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Grade \_\_\_\_\_

Address of School: \_\_\_\_\_

Number & Street

City & State

Zip

Reason for transfer: \_\_\_\_\_

### FAMILY INFORMATION

Mother/Guardian \_\_\_\_\_ SS# \_\_\_\_\_

Address (if different) \_\_\_\_\_

Phone (if different) \_\_\_\_\_ Cell Phone/Pager # \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Father/Guardian \_\_\_\_\_ SS# \_\_\_\_\_

Address (if different) \_\_\_\_\_

Phone (if different) \_\_\_\_\_ Cell Phone/Pager # \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_ Married \_\_\_ Widowed \_\_\_ Divorced \_\_\_ Separated \_\_\_ Single (This has no bearing on VCA's decision to enroll your child. It is intended for informational purposes **only**.)

**EMERGENCY CONTACT:** (Please list in order to be contacted)

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**BROTHERS/SISTERS IN FAMILY**

If more space is needed, please attach a sheet of paper.

	<u>AGE</u>	<u>GRADE</u>	<u>ATTENDS</u> <u>VCA</u>	<u>APPLYING</u> <u>AT VCA</u>
Name _____	_____	_____	_____	_____
Name _____	_____	_____	_____	_____
Name _____	_____	_____	_____	_____
Name _____	_____	_____	_____	_____

**PARENT QUESTIONNAIRE**

1. Have you accepted Jesus as your personal Savior?

Father/Guardian \_\_\_\_\_ Mother/Guardian \_\_\_\_\_ Student \_\_\_\_\_

2. What was your major deciding factor in enrolling your child at Valiant Christian Academy?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What goals would you like to see your child accomplish at Valiant Christian Academy?

\_\_\_\_\_  
\_\_\_\_\_

4. How did you hear about us?

\_\_\_\_\_  
\_\_\_\_\_

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**CHURCH AFFILIATION**

How often do you attend church? Family: \_\_\_\_\_ Student: \_\_\_\_\_

Name of Church \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

## SCHOLASTIC INFORMATION

Is the student familiar with the A-Beka Curriculum? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, please state for how long: \_\_\_\_\_

### Has the student:

	YES	NO
1. Had scholastic difficulties in school?	_____	_____
2. Been retained? If 'YES', what grade(s)? _____	_____	_____
3. Received tutoring, participated in LD or Special Ed Classes, undergone special academic and/or psychological testing?	_____	_____
4. Taken medication for academic purposes?	_____	_____
5. Had disciplinary difficulty in school?	_____	_____
6. Had social problems in school? (suspension and/or expulsion, etc.)	_____	_____
7. Ever taken any illegal drugs?	_____	_____
8. Ever been in a drug treatment center?	_____	_____

Please explain any 'YES' answers, \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MEDICAL INFORMATION

Family Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

**To the best of my/our ability, I/we have provided accurate, truthful information on the application.**

(Valiant Christian Academy does not discriminate on the basis of race, national or ethnic origin, or color in its admission policy of students.)

**I/we understand that admittance to Valiant Christian Academy is based on several factors including principal's interview, availability of appropriate academic support, review of application, etc. I/we understand that my/our signature below indicates that I/we agree to abide by Valiant Christian Academy's code of conduct, dress code, and that I/we assume financial responsibility for all fees pertaining to my/our account.**

Mother's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

# AUTHORIZATION FORM

## PERSONS OTHER THAN PARENTS/GUARDIANS AUTHORIZED TO PICK UP YOUR CHILD

It is only necessary for Elementary Parents to fill out this form. However, if your child has restrictions on who may have contact with him/her, please fill out this form and present it with your Registration Form with an explanation listed on the bottom or reverse side of this form.

Please note that if you wish anyone other than those persons whom you list here to pick up your child, you must call the school office prior to that person arriving at the school. If you are unable to do so, they must bring a signed and dated note from a Parent/Guardian and present a valid photo ID at the school office.

### THIS DOCUMENT APPLIES TO THE FOLLOWING STUDENTS:

STUDENT NAME	GRADE
_____	_____
_____	_____
_____	_____
_____	_____
MOTHER _____	
FATHER _____	

### PERSONS AUTHORIZED TO PICK UP YOUR CHILD

NAME \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_  
PHONE # \_\_\_\_\_

NAME \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_  
PHONE # \_\_\_\_\_

NAME \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_  
PHONE # \_\_\_\_\_

**\*\*PLEASE NOTE- If information is different for each child, please fill out separate forms.**

(one sheet per student)

**Student Name** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Physician Name** \_\_\_\_\_

**Hospital Preference** \_\_\_\_\_

**Insurance Company** \_\_\_\_\_

**Group Number** \_\_\_\_\_

**Policy Number** \_\_\_\_\_

**Allergies to Medications** \_\_\_\_\_

\_\_\_\_\_

**Current Medications** \_\_\_\_\_

\_\_\_\_\_

**Past Medical History** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**This form is valid for all school functions, sports & trips from August 2024 to July 2025.**

# Medical Release Form

As a parent/guardian of \_\_\_\_\_, I request that in my absence the above named student be admitted to any hospital facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment.

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of last Tetanus Booster \_\_\_\_/\_\_\_\_/\_\_\_\_

Known allergies of this student, including any allergies to medicine \_\_\_\_\_

Any other medical conditions which should be noted \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ H ( ) \_\_\_\_\_ W ( ) \_\_\_\_\_

Person responsible for charges (if different from above) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ H ( ) \_\_\_\_\_ W ( ) \_\_\_\_\_

Person to notify if chaperone is unavailable \_\_\_\_\_

Phone ( ) \_\_\_\_\_ H ( ) \_\_\_\_\_ W ( ) \_\_\_\_\_

Insurance carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Group # \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

This form is valid for all school-related trips and functions from August 2024 to June 2025.

# Valiant Christian Academy Over-the-Counter Medication Form

As a courtesy to the students at V.C.A., the office will keep a supply of over the counter medications such as non-aspirin pain relievers (Tylenol and ibuprofen, or their generic equivalent) or Tums (or its generic equivalent). If you would like for your child to be able to have these types of medications administered to them without having to give your permission every time it is needed, please fill out the following form and present it to the school office to be kept on file.

I, \_\_\_\_\_, authorize the staff of Valiant Christian Academy to administer an over-the-counter medication or their generic equivalent to my child \_\_\_\_\_, on an as needed basis as part of a basic first aid for headaches, fever and other types of minor pain.

I understand that the medication will be given in the recommended dosage for my child and only as necessary. Additionally, if my child asks for a pain reliever frequently, the school will notify me by phone that my child needs to be seen by a doctor for their specific complaint of pain.

**To avoid any potential allergic reactions, please circle which medication you wish to be administered to your child. If any is acceptable, please indicate by circling all.**

**Ibuprofen**

**Non-Aspirin (such as Tylenol)**

**Tums**

I hereby release V.C.A. and its staff from any liability as a result of complications regarding this type of medication.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please do not administer any type of medication until I am contacted.**

Parent's signature \_\_\_\_\_ Phone # \_\_\_\_\_

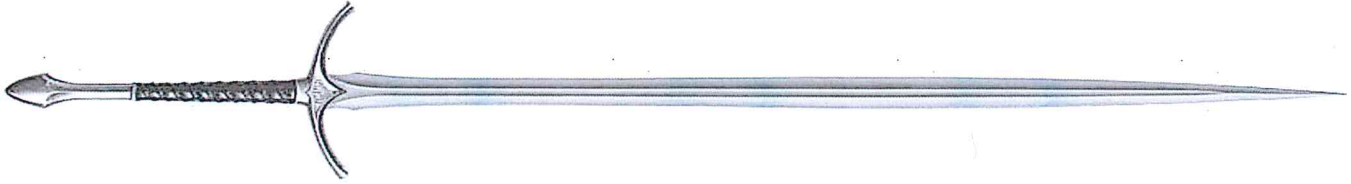
Date \_\_\_\_\_

**This form is valid from August 2024 to June 2025**



# Valiant Christian Academy

## Statement of Financial Agreement



Valiant Christian Academy (V.C.A.) has set forth the following Statement of Financial Agreement. By signing this form, you are stating that this is a contract between the school and your family and that you will meet your financial obligation in a current and prompt manner. **Please initial each statement:**

\_\_\_\_\_ Registration fee is due at time of registering student. Book rental fees are due by June 1<sup>st</sup> or at time of registration if registration is after June 1<sup>st</sup>. Activity fees, computer lab fees and graduation fees are due by August 1<sup>st</sup> or within 30 days of registration if after August 1<sup>st</sup>. Gymnasium fee is due w/Jan. payment.. **Any fees not paid on time are subject to a \$100 late fee.**

\_\_\_\_\_ If for some reason your child is not accepted into V.C.A., 50% of your registration fee will be refunded.

\_\_\_\_\_ Monthly tuition will be charged and will not be refunded if the student attended any day during that month even if payment due date is after the 1st. Choices of payment dates for auto deduction will be the 5<sup>th</sup> or 15<sup>th</sup> of each month. If you pay with a credit card there will be a 3% fee added to your payment.

\_\_\_\_\_ The tuition will be divided according to the attached Schedule of Tuition and Fees. Please see attached auto deduction (electronic debit) information sheet for more information regarding payment plan. Yearly tuition rate will be pro-rated and divided over the number of months remaining in the school year if registration is after August.

\_\_\_\_\_ Due to hiring of teachers and staff and ordering of textbooks and other classroom materials which are based upon enrollment, withdraws are subject to the following obligation:

- Withdrawals after June 1<sup>st</sup> one-month's tuition is due
- Withdrawals after July 1<sup>st</sup> two-month's tuition is due
- Withdrawals after August 1<sup>st</sup> three-month's tuition is due
- Withdrawals after the start of school full year's tuition is due

\_\_\_\_\_ If child is withdrawn, cancelled registration, or expelled for any reason, all fees and tuition are non-refundable, except for tuition paid for advanced months.

\_\_\_\_\_ There is a \$25 fee if payment is late.(10 days past due date). There will be an additional \$10 charge every 10 days, until the balance is paid.

\_\_\_\_\_ There is a \$25 fee for any returned checks or electronic debits. Account will need to be made current with a cashier's check, money order or credit card (charges will include the payment and the amount of the fee).

\_\_\_\_\_ Field trip fees are included in activity fees. There may be lunches or equipment rental that may have an extra charge and not be covered in activity fees. Activity fee must be paid before student will be allowed to participate in any field trips, some in class activities, or receive the school yearbook. Jupiter grades and ACSI student fees and academic participation fees for activities such as Spelling Bee, Science Fair & Math Olympics are also included in the activity fees.

\_\_\_\_\_ Students participating in athletics will be expected to pay an Athletic Fee. Fund raising opportunities are available to help offset these costs. Any student failing to pay the sports fee will not be allowed to participate in the sport.

\_\_\_\_\_ Any student whose account is one month delinquent will be not be allowed to attend school until the account is brought current. If not paid in full at the beginning of the year, monthly payments are required.

\_\_\_\_\_ **V.C.A. will not release a student's records, transcripts, and/or diplomas until accounts are paid in full.**

Mother's Signature \_\_\_\_\_ SS # \_\_\_\_\_ Date \_\_\_\_\_

Father's Signature \_\_\_\_\_ SS# \_\_\_\_\_ Date \_\_\_\_\_

# Valiant Christian Academy

5627 New Cut Road  
Louisville, KY 40214

Phone (502) 368-0080

www.stacye.owen@valiantca.com

Fax (502) 361-5179

Dear Parent,

Thank you for your 2024-2025 registration. In order to qualify for the \$385 per month tuition, you must either pay your yearly bill in full by August 1<sup>st</sup> or agree to an automatic monthly payment taken out of either your checking or savings account. If this does not work for you due to any circumstance, the tuition rate will be \$425 per month. **Book rental fees are due June 1st. Activity fees, computer lab fees and graduation fees are due by August 1st. The gymnasium fee is due with January's payment.** Late fees of \$100 a month will be applied if fees are not paid on time.

\_\_\_\_\_ I will be paying my bill in full. Tuition rate for the year is \$4,620 for all grades. This does not include the book rental fee, activity fee (field trips, school yearbook and science lab fees) and computer lab fee. Book rental and activity fee rates depend upon grade level. The computer lab fee is discounted to parents with more than one student in the school.

\_\_\_\_\_ Bank authorization forms need to be filled out along with a voided check attached. These forms must be **returned by May 31st** in order for accounts to get set up.

\_\_\_\_\_ Authorization form has been received, but voided check has not been attached. Please send your voided check by **May 31st**.

\_\_\_\_\_ Your authorization and your voided check have been received. Thank you.

Remember that your tuition begins the month of June. I will process the \$41.00 enrollment fee during the month of June on the date you marked along with your tuition payment. Then beginning in July on the date you marked, tuition will be processed and will continue each month through May. This system enables us to be more efficient with our time and helps to decrease tuition rates.

Thank you for your help in this matter. I have enclosed a bill showing the amounts due for book rental fees, activity fees and computer lab fees and the dates on which they are due. **Any book rental fees not paid by June 1st will be added to your June tuition deduction. Any activity or computer lab fees not paid by August 1st will be added to your August tuition.**

Please call me if you have any questions.

Sincerely,  
Stacye Owen

Revised October 2023

# Valiant Christian Academy

5627 New Cut Road  
Louisville, KY 40214

Phone (502) 368-0080

www.valiantca.com

Fax (502) 361-5179

*Please complete all information requested below in black or blue ink only. Any changes must be made through VCA.*

Re: Tuition for \_\_\_\_\_

*Please list all student names.*

I hereby authorize Valiant Christian Academy to initiate electronic debit entries to my account below on the \_\_\_\_ (5<sup>th</sup> or 15<sup>th</sup>) business day of each month for tuition or fees. You may also make an electronic credit to my account for adjustments, if necessary. I have attached a voided check to this form so that you can confirm my account information. This agreement is for one school term (June through May) in the amount of \$385 per month.

**There is an bank setup fee of \$41.00 (yearly).** Returned payment fee will be \$25.00 for ACH debit or check which will need to be paid to us by cashier's check, money order or credit card, and will also need to include the ACH debit or check that was returned. If this payment is not paid immediately there will be an additional \$10 charged every 10 days until balance is paid.

Please select: \_\_\_\_\_ Checking Account \_\_\_\_\_ Savings Account

Financial Institution's Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Bank Routing # \_\_\_\_\_

My Account # \_\_\_\_\_

By signing this Agreement, I guarantee that I am an authorized signer on the account provided. I hereby accept, and agree to be bound by the terms and conditions contained within this Agreement. **This authority is to remain in effect until Valiant Christian Academy has received written notification from me of its termination, in such a time and manner as to afford Valiant Christian Academy a reasonable opportunity to act on it.**

Name – Please print \_\_\_\_\_

Signature \_\_\_\_\_

*Signature of the person must be an authorized signer on the account.*

Phone number \_\_\_\_\_ Date \_\_\_\_\_

Revised October 2023

# Valiant Christian Academy

## Computer Lab User Policy

In an effort to maintain up-to-date technology for our students, an annual Computer Lab Fee has been established. This fee must be paid before Aug.1<sup>st</sup> or access to the computer lab will not be allowed, which will reflect on their computer grade.

Any student caught vandalizing or dismantling equipment in any manner will be held responsible for the replacement cost.

### Internet Behavior

Internet access is a privilege, not a right. Students are responsible for appropriate behavior. Therefore, general school rules for behavior apply. Access is offered to students who agree to abide by established rules and laws and who have a completed permission slip on file in the office.

Students will **NOT**:

- Transmit or receive anything that violates federal or state laws
- Use inappropriate language, swearing, vulgarities or abusive language
- Violate copyright laws.
- Attempt to break into another computer on the network
- Damage, move or remove software or hardware
- Send or forward chain letters
- Create or share viruses
- Allow access to their account or password to anyone other than a teacher
- Maliciously attempt to harm or destroy data of another user

Network communications are not private and may be reviewed by VCA personnel, or by someone appointed by them, to ensure all guidelines are being followed. Violation of the terms listed above will result in a loss of access to the network, and may result in other disciplinary action under the guidelines.

The attached user agreement form must be completed and returned to the school office prior to the first day of school. This form **must** be on file in the office.

# Valiant Christian Academy Computer Lab User Policy

## User Agreement Form

As a parent/guardian of \_\_\_\_\_, I grant permission for my child to access the Internet through the VCA network and accept responsibility for stressing the importance of following established rules.

Parent Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

As a student and user of the network at Valiant Christian Academy, I have read and agree to comply with the V.C.A. Computer Lab User Policy.

Student's Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

# VALIANT CHRISTIAN ACADEMY

## CELL PHONE POLICY

Students may use their cell phones before and after school. However, from 8:00 a.m. until 2:50 p.m., all students' cell phones must be turned off and put away, unless instructed by a teacher for research purposes, etc.

When a teacher sees a cell phone, it will be taken away from them and sent to the office where they can pick it up at the end of the day. After the third time a student's phone is sent to the office, a parent will be required to pick up the phone.

Students who refuse to surrender their phone, or who have their phone out when privileges have been revoked are subject to stricter penalties.

### **Lost/Stolen Phones**

V.C.A. will attempt to locate a lost/stolen cell phone but will not get involved with criminal matters or phone companies.

The attached agreement form must be completed and returned to the school office prior to the first day of school. This form **must** be on file in the office.

VALIANT CHRISTIAN ACADEMY  
CELL PHONE POLICY

AGREEMENT FORM

As a parent/guardian of \_\_\_\_\_, I accept responsibility for ensuring that my child follows the established rules and guidelines for his/her cell phone.

Parent Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

As a student, I have read and agree to comply with the V.C.A. Cell Phone Policy.

Student's Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

## JUPITER GRADES & MASS COMMUNICATION SYSTEM

At VCA, Jupiter Grades serves two purposes:

1. It is a centralized source for checking your child's academic progress.
2. It is a mass communication system for school events & in cases of emergency.

In order for the system to work properly, it is imperative that we have your CELLULAR phone numbers and emails up-to-date at all times. [Please note that Sprint customers may not receive texts due to company privacy regarding mass texting.] Please complete this form even if you are already set up on Jupiter Grades so that we may double-check for accuracy.

Once your profile has been set up, you can manage it online at [www.jupitergrades.com](http://www.jupitergrades.com).

**Please print clearly!**

CHILD'S NAME \_\_\_\_\_

CHILD'S GRADE \_\_\_\_\_

PARENT NAME \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PARENT NAME \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_