Valiant Christian Academy
3 Year Old Preschool 2027-2028

www.valiantca.com

Grade	Tuition
3 Year Olds	$6,480 (w/auto draft) $540 mth

***Based on 12-month monthly payments starting June thru May**

***There is a $41 "one time" fee each year to set up automatic withdraw accounts pulled with the first payment**

Registration Fee (per student) $250

Registration fee is non-refundable, and any tuition paid in advance will be forfeited if you withdraw your child after she/he is registered.

Valiant Christian Academy will prepare your child for school. We offer an excellent preschool program here at VCA. We want to make sure your child is READY for school. We are open to all children regardless of race, creed, gender, religion or national origin. Graduation to the K4 program will occur on a school calendar year and upon the child's development and readiness.

****All Fees Must Be Paid in Full before the First Day of School**

Book Rental Fee	Activity Fees
(Due by June 1st)	**(Due Aug. 1st or within 30 days of registration)**
$225	**$175**

Hours and Attendance

Valiant Christian Academy Preschool is open 7:30 a.m.-5:30 p.m. Monday-Friday. Parents are expected to pick up their child according to the hours listed. Those who do not pick up their child by 5:30 PM will be charged $1.00 per minute for every minute after 5:30 p.m. The late fee is to be paid to the staff member on duty at the time the child is picked up, or it will be reflected in the following week's tuition. You are charged whether your child is present or absent. You are paying for your child/children's spot. This will guarantee your child will have a spot here at Valiant Christian Academy Preschool.

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.**

Revised November 2026

Valiant Christian Academy Preschool

3-YEAR-OLD APPLICATION



Date ___/__/__/__ Age_____

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: _____

Address of School: _____
Number & Street City & State Zip

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 Valiant Christian Academy Preschool's decision to enroll your child. It is intended for informational purposes **only**.)

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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.

	AGE	GRADE	ATTENDS VCA	APPLYING AT VCA
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 Preschool?

   _____

   _____

   _____

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

   _____

   _____

4. How did you hear about us?

   _____

   _____

CHURCH AFFILIATION

How often do you attend church? Family: _____ Student: _____

Name of Church _____

Pastor's Name _____ Phone # _____

Has the student:	**YES**	**NO**
1. Had developmental/milestone difficulties?	____	____
2. Received services in First Steps, Learning Programs, and or psychological evaluation?	____	____
3. Taken medication for behavioral purposes?	____	____
4. Had disciplinary difficulties in previous childcare/daycare /preschool?	____	____
5. Been diagnosed with ADHD or Autism?	____	____

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

Mother's Signature: _____ Date: __/__/___

Father's Signature: _____ Date: ___/__/__

(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 preschool functions from August 2024 to August 2025.

Revised November 2026

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.**

Revised November 2026

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 2027 to June 2028.

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 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 <u>not</u> administer any type of medication until I am contacted.

Parent's signature _____ **Phone #** _____

Date _____

This form is valid from August 2027 to June 2028

Revised November 2026

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 students. Book rental fees are due by June 1st or at time of registration if registration is after June 1st. Activity fees, computer lab fees and graduation fees are due by August 1st or within 30 days of registration after August 1st. 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 5th or 15th 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 withdrawals are subject to the following obligation:

- Withdrawals by June 1st — one-month's tuition is due
- Withdrawals by July 1st — two-month's tuition is due
- Withdrawals by August 1st — 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.

_____ 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. Accounts 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 students 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 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 _____

Revised November 2026

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 2027-2028 registration. To qualify for the $540 per month tuition, you must either pay your yearly bill in full by August 1st or agree to an automatic monthly payment taken out of either your checking or savings account. **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 Januarys 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 $6,480 for the 3-year-old program. This does not include the book fee, and activity fee (field trips, school yearbook, and classroom needs). Book and activity fee rates depend upon grade level.

_____ Bank authorization forms needs to be filled out along with a voided check attached. These forms must be **returned by May 1st** 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 1st**.

_____ 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 fees not paid by June 1st will be added to your June tuition deduction. Any activity 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 November 2026

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 _____ (5th or 15th) 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 $540 per month.

There is a 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 _____

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VALIANT CHRISTIAN ACADEMY
CELL PHONE POLICY

Students may NOT use or access their personal telecommunications devices during school hours of 7:30 AM – 2:50 PM including during lunch, passing time, class time, bathroom breaks and any other school event during school hours. (Including field trips, pep rallies etc.) The goal of this policy is to minimize distractions, maximize instructional time, and ensure a safe and focused learning environment for all students. All devices MUST be powered down and NOT accessed during school hours of 7:30 AM- 2:50 PM except for dismal to contact parents. All devices should NOT be on their person and should be stored in a locker!

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.

Revised November 2026

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 _____

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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.

For the system to work properly, it is imperative that we always have your CELLULAR phone numbers and emails up to date. [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.

Please print clearly!

CHILD'S NAME _____

CHILD'S GRADE _____

PARENT NAME _____ CELL NUMBER _____

EMAIL ADDRESS _____

PARENT NAME _____ CELL NUMBER _____

EMAIL ADDRESS _____

November 2026