

Valiant Christian Academy

3 Year Old Preschool

www.valiantca.com

Grade	Tuition
3 Year Olds	\$6,288 (w/auto draft) \$524 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

(Due by June 1st)

\$200

Activity Fees

(Due Aug. 1st or within 30 days of registration)

\$150

Gymnasium Fee

\$150 per student (Max. \$250 per family)

***Due with January Payment**

Hours and Attendance

Valiant Christian Academy Preschool is open 7:30 a.m.-6:00 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 6:00 PM will be charged \$1.00 per minute for every minute after 6:00 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.**

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.)

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

NAME _____ PHONE _____

NAME _____ PHONE _____

BROTHERS/SISTERS IN FAMILY

AGE

GRADE

ATTENDS

APPLYING

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

VCA

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: __/__/__

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 2026 to July 2027.

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 2026 to June 2027

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 2026 to June 2027.

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 2026-2027 registration. To qualify for the \$524 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 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 \$6,288 for all grades except (3-year-olds). 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 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 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 2025

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 \$524 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 _____

Revised November 2025

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.1st 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 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.

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.

Please print clearly!

CHILD'S NAME _____

CHILD'S GRADE _____

PARENT NAME _____ CELL NUMBER _____

EMAIL ADDRESS _____

PARENT NAME _____ CELL NUMBER _____

EMAIL ADDRESS _____