REGISTRATION CHECKLIST

Child's Name:_____ Birthdate: _____ Gender: _____

Parent's Name(s): _____

Starting Date: _____ Dates of Attendance: Full Time Academy_____

No child will be considered registered until all forms below are supplied and all fees are paid to the school office.

_____ 1. Enrollment Application

_____ 2. Statement of Cooperation

_____ 3. Emergency Medical & Consent Form (NOTE: THIS FORM MUST BE NOTORIZED)

_____ 4. Authorization to Pick Up Form

_____ 5. Handbook Verification Form

_____ 6. Photograph/Video Release Form

_____ 7. HRS Form 3040 (child physical)

_____ 8. HRS Form 680 (Immunization record)

_____ 9. Copy of child's birth certificate

_____10. Fees Reviewed with parents (registration, tuition, late fees, testing, transportation etc.)

_____ 11. Legal Papers

_____ 12. Fees paid: $100 van fee due monthly (2nd Tuesday of each month)

I understand that the above forms must be properly completed, signed and submitted BEFORE registration is complete. I further understand that my child will not be able to begin classes until the above documents have been supplied. All fees can be forfeited if above documents are incomplete.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

VICTORY BAPTIST ACADEMY REGISTRATION

Student Name _____

Address _____City _____ Zip _____

Telephone _____ Age ___ Sex __ Birthdate _____ Birthplace _____

School Last Attended _____

Address _____ Last Grade Completed _____

Father's Name _____ Employment _____

Business Phone _____ Cell phone _____

Mother's Name _____ Employment _____

Business Phone _____ Cell phone _____

Emergency telephone number, other than those already listed _____

Marital Status: Married _____ Widow _____ Divorced _____ Separated _____

Church Attending _____ Pastor _____

Address _____

Father: Christian? Yes No Mother Christian? Yes No

Has applicant ever made a profession of faith in Christ? Yes No

---

Family Physician _____ Phone _____

Does student have any physical defects or allergies? Yes No Explain: _____

Is the student up-to-date on their immunizations: _____ Or Exempt?:_____

Has student ever had disciplinary difficulty at school? _____ if yes, explain: _____

_____

Please indicate academic level of student's previous work: Excellent __ Good __ Average __

Poor ___Has student ever failed an academic subject in school? _____ If yes, explain:

_____

Has student ever been expelled, dismissed, suspended, or refused admission to another school? _____ If "yes", explain: _____

_____

If student plans to drive to school, please fill in the following information: Insurance Company Name _____

Policy # _____Driver's License # _____

FAMILY INFORMATION SHEET – 2025

(This sheet will be given to your child's teacher.)

Parent/Guardian Name: _____

Home Address: _____

Contact Phone Numbers: (Home) _____ (Cell) _____

(Work) _____ (Other) _____

Student Name & Birthdays: _____

_____

_____

_____

Do you prefer to be contacted by: (circle one) Letter Phone Call E-mail Text

E-mail Address: _____ /Text Phone Number: _____

Do you have any concerns about your child(ren) or any information that will help me educate your child(ren)?

_____

_____

_____

_____

Has your Emergency Contact Information Changed?

Emergency Contact Information:

Name:_____ Phone Number: _____

Name:_____ Phone Number: _____

Name:_____ Phone Number: _____

AUTHORIZATION TO PICK UP

As the parent/guardian of _____, the following people
Child's Name
have my permission to pick up child from center.

We will not release your child to anyone without your written permission. They must present proper ID.

Parent # 1 _____

Parent # 2 _____

Others:

1. Mr./Mrs./Ms. _____ Home Phone # _____

Employer/Occupation _____ Work Phone # _____

Relationship to child _____

_____

2. Mr./Mrs./Ms. _____ Home Phone # _____

Employer/Occupation _____ Work Phone # _____

Relationship to child _____

_____

3. Mr./Mrs./Ms. _____ Home Phone # _____

Employer/Occupation _____ Work Phone # _____

Relationship to child _____

If someone other than above is to pick up my child, I will send a written note to the school or make a personal phone call to the school office. I understand that all persons listed above must show proper ID to the staff member attending to my child when they are picking up my child from Victory Baptist Academy and Little Scholars Child Care. Parents or others authorized to pick up MUST sign out the child.

_____ _____
Father's Signature Date

_____ _____
Mother's Signature Date

_____ _____
Guardian's Signature Date

EMERGENCY MEDICAL AND CONSENT

Child's Name _____

Birth Date _____ Age _____ Weight _____

Address _____ State _____ Zip_____

Home Phone _____ Cell Phone _____ Other: _____

Father's Name _____ Work #_____

Employer _____ Cell # _____

Mother's Name _____ Work # _____

Employer _____ Cell # _____

Emergency Contact Persons (Parents will be called first)

#1 Name _____ Phone _____

#2 Name _____ Phone _____

#3 Name _____ Phone _____

Medical Information

Known allergies to medications and other substances _____

_____

Hospital preference and address _____

Insurance Carrier _____Group Number _____

Policy/Individual Number _____

Child's Physician _____ _____ Phone _____

Address: _____

Child's Dentist _____Phone _____

Address _____

CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILD

I, _____, hereby give permission that my child, _____, may be given emergency treatment, to include First Aid and CPR by a qualified staff member of Victory Baptist Church and its ministries. I further authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health if I cannot be contacted. In such a case, I waive my right of informed consent to treatment.

I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further authorize said ministry to take my child to a hospital, and I agree that I will pay all physician and hospital bills, and said ministry shall not be responsible for them.

MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC

Father: _____ Mother: _____ Date: _____

Notary Public: _____

VICTORY BAPTIST ACADEMY – STATEMENT OF COOPERATION

In making application for my child, it is my desire to complete the school year. I agree with each of the areas listed below and I sign this page with full knowledge of the meaning and contents of this document.

1. I understand and agree that I am assuming responsibility for all financial obligations of my child(ren) to the school including payment of lost or damaged books.

2. I understand and agree that if I choose not to pay tuition in full or by semester payments, I must make monthly payments for 10 months, or 12 months until all accounts are paid in full.

3. I understand and agree that it is my moral and ethical responsibility to pay all tuition, charges, and fees on time. If my tuition and charges are ten days late, I will receive a $15 late charge.

4. I understand and agree that if my account remains in arrears for thirty days, my child will not be allowed to attend class.

5 I understand and agree that my words or actions toward any employee of V.B.A. may also be grounds for the dismissal of my child. I understand and agree that I am to behave in an honest, respectful, kind, and civilized manner when dealing with any school employee.

6. I understand and agree that the teachers and administration are hereby given full discretion in the discipline of my child(ren); including issuing of loss of merits, detention, suspension, and expulsion from the school program.

7. I understand and agree that dismissal for V.B.A. may result at any time when my child(ren) demonstrates by conduct or attitude that they are not in harmony with the rules, regulations, or basic philosophy of the school.

8. I understand and 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 or alleged injury to my child. Should legal action, for any reason, be taken against V.B.A. or any employee 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 fees, court fees, damages, or other costs that V.B.A or its agent should incur to defend itself against such action.

9. I understand and agree that the school is a Baptist institution and that its tenets, rules, and methods are established on that basis.

10. I understand and agree that in the event of illiness or accident, should the school be unable to reach either parent, I give my permission for the school to secure a doctor or hospital of their choosing to administer aid to my child.

11. I understand and agree that my child(ren) is permitted to attend school sponsored field trips, picnics, and other supervised outings, and the school will not be held responsible in case of an accident. (Parents will be notified of such activities by the newsletter or note from the teacher.)

12. I understand and agree that my child(ren) will abide by the rules of V.B.A. and failure to cooperate in maintaining its ideals of academic and Christian conduct on or off the school grounds may result in my child's dismissal whenever the general welfare requires, even though there may be no specific breach of conduct precipitating suspension. My child(ren) understand(s) the serious nature of this statement of cooperation and agree(s) to abide by the standards and rules in Parent/Student Handbook of V.B.A. My child(ren) believe(s) that God is the creator of all the universe and the Bible is His infallible Word and the basis of all truth.

13. I understand and agree that if we do not sign this agreement my child(ren) will not be accepted into the enrollment of V.B.A.

I understand and agree to the policies as stated in the Statement of Cooperation and the Financial Contract. I understand and agree to pay all fees that pertain to my student(s).

BOTH PARENTS/GUARDIAN AND HIGH SCHOOL STUDENT NEED TO SIGN THIS FORM.

DATE _____ **Parent(s)** _____ _____

Student _____

VICTORY BAPTIST ACADEMY

"Passing the Torch"

TECHNOLOGY RELEASE FORM

Photograph Release

I release Victory Baptist Academy to photograph and/or record my child while participating in daily activities, and to use the photographs and recordings in displays or other publications showing these daily activities.

_____ _____

Signature of Guardian Date

Video Release

I give my permission for my children to watch school approved movies and recordings.

_____ _____

Signature of Guardian Date

VICTORY BAPTIST ACADEMY

"Passing the Torch"

STUDENT HANDBOOK SIGNATURE PAGE

Date: _____

I have read the Victory Baptist Academy Handbook. Areas that I did not understand were explained to be. I fully understand and agree to abide by the Victory Baptist Academy Handbook.

Student Signature_____ Grade: _____

Student Signature_____ Grade: _____

Student Signature_____ Grade: _____

Student Signature_____ Grade: _____

Parent Signature _____

*This form is issued annually along with the school handbook.

Frank Kelly, Pastor

Rene' Kelly,
Administrator

Victory Baptist Academy

Passing the Torch

STUDENT RECORD RELEASE

In accordance with the Family Rights and Privacy Act of 1974, the following school has permission to release information on the following students:

_____

Student Name and DOB

School Name: _____

School Address: _____

School City, State, Zip: _____

235 N Tamiami Trail South, Osprey, Fl. 34229

Phone 941-966-4716 Fax 941-375-8135

www.victorybaptistchurchosprey.com