



## REGISTRATION FORM

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### TUITION FEE SCHEDULE

<b>REGISTRATION ENTRANCE FEES</b>	K – 6 <sup>th</sup>	\$375.00	Due before August 5, 2022
	7 <sup>th</sup> – 10 <sup>th</sup>	\$475.00	

Fees Include: Insurance, Technology, Books, School Supplies, Standardized and Norm Referenced Testing Fees, Yearbook and Activity fees. Additional Activity fees for grades six through ten may be added throughout the school year (sports not included).

**PLACEMENT TEST FEE FOR ALL NEW STUDENTS \$50.00**

GRADES:	YEARLY:	MONTHLY:
K – 6 <sup>th</sup> , SDA Churches	\$4,500.00	\$450.00 per month
K – 6 <sup>th</sup> , Community	\$5,500.00	\$550.00 per month
7 <sup>th</sup> – 10 <sup>th</sup> , SDA Churches	\$5,500.00	\$550.00 per month
7 <sup>th</sup> – 10 <sup>th</sup> , Community	\$6,500.00	\$650.00 per month

*SCHOLARSHIPS MAY BE AVAILABLE! Please call school office to inquire.*

**Graduation Fees:** Kindergarten - \$75.00. 8<sup>th</sup> grade - \$125.00. Due May 1, 2023.

**After-School Care:** After-School Care starts promptly at 3:45 P.M. to 6:00 P.M., Monday – Thursday. No After-School Care on Fridays. **Daycare fees** are based on an hourly rate of \$6.00 per hour or \$3.00 per 30 minute increment, or \$1.50 per 15 minute increment. The hourly rate is for the 1<sup>st</sup> child; sibling discounts then apply. If picking up after 6:00P.M., **late fees** are \$10 for the first 5 minutes after 6:00P.M. and \$1 per minute, thereafter, per child. Daycare and Late pick up fees will be billed on your monthly statement.

**Expectations:** Each parent or guardian **MUST** place a signature next to the clocked out time. Please make sure your signature is legible. VVAA requests this for the safety of your child.

**FAQ:**

**Q: What are the school hours?**

**A:** Monday – Friday, Morning care starts at 7:30 A.M. School hours are Monday – Thursday: 8:00 A.M. – 3:30P.M., Friday: 8:00 A.M. – 12:00 P.M. NOON. Students are marked tardy at 8:01 A.M.

**\* Tardy fees: \$3 per tardy, after tardy #7, until the quarter comes to an end. These fees are per child.**

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**Q: When do I pay registration?**

**A:** Registration must be paid before school starts in August.

REGISTRATION DISCOUNTS (if paid before the end of previous school year):

15% if paid during February, 10% if paid during March, 5% if paid during April. NO DISCOUNT after April 30<sup>th</sup>.

**ALL NEW STUDENTS** that register on the day of their appointment will receive a 20% discount on the registration fee! If you are not able to register on the day of the appointment, take advantage of a 10% discount before August 5, 2022.

**Q: When do I begin to pay tuition?**

**A:** September 1 through June 1, inclusive. The Yearly Tuition is divided into 10 payments.

**Q: What will I owe monthly?**

**A:** Take the yearly tuition and divide that into ten (10) months to get your monthly payment.

**Q: If I choose to pay by the semester or yearly, when is that due?**

**A:** 3% discount for one-time payment per semester, or 6% discount for one-time yearly payment:

1<sup>st</sup> Semester is due **September 1**

2<sup>nd</sup> Semester is due **February 1**

Yearly Payments are due **September 1**

**Q: Is there a discount for more than one child?**

**A:** Yes. There is a 5% discount for second child, a 10% discount for the third child, and a 15% discount for the fourth child.

**Q: Is there a late fee charged?**

**A:** Yes. A \$35.00 late fee is assessed if your payment is received in the office after the 10<sup>th</sup> of the month.

**Q: What kind of payment is accepted?**

**A:** We accept Debit, Visa, Discover, MasterCard, American Express, Money Order, Cashier's Check, Personal Check, or Cash. We provide online payment through the school website, [www.vvaa4u.org](http://www.vvaa4u.org)>Online Payments.

**\* PLEASE NOTE:**

**If your check is returned for insufficient funds, no more personal checks will be accepted.**

**Q: What happens if the bank returns my check?**

**A:** A \$35.00 returned check fee will be charged to your account. After **one bounced check**, **VVAA will not accept** a personal check as a form of payment.

**Vaccinations**

**VVAA** follows the state requirements for vaccinations. Required by state except in the cases of medical exclusion from doctor or religious reasons. Currently the **SDA** church is not against vaccinations.

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**Parents:** Fill in the requested information on **THESE FORMS** as completely as possible.

**PLEASE PRINT CLEARLY:**

**DATE OF APPLICATION:** \_\_\_\_\_

**Child 1:**

Full Legal Name (First, Middle, Last): \_\_\_\_\_

Nickname/Prefers to be called: \_\_\_\_\_ Sex:  Male  Female

Birthday (MM/DD/YY): \_\_\_\_\_ Grade Student will be Entering: \_\_\_\_\_

Student's Place of Birth (City, State): \_\_\_\_\_

Student's First Language:  English  Other – *please specify:* \_\_\_\_\_

Is this child baptized?  Yes  No Date Baptized? \_\_\_\_\_

**Child 2:**

Full Legal Name (First, Middle, Last): \_\_\_\_\_

Nickname/Prefers to be called: \_\_\_\_\_ Sex:  Male  Female

Birthday (MM/DD/YY): \_\_\_\_\_ Grade Student will be Entering: \_\_\_\_\_

Student's Place of Birth (City, State): \_\_\_\_\_

Student's First Language:  English  Other – *please specify:* \_\_\_\_\_

Is this child baptized?  Yes  No Date Baptized? \_\_\_\_\_

**Child 3:**

Full Legal Name (First, Middle, Last): \_\_\_\_\_

Nickname/Prefers to be called: \_\_\_\_\_ Sex:  Male  Female

Birthday (MM/DD/YY): \_\_\_\_\_ Grade Student will be Entering: \_\_\_\_\_

Student's Place of Birth (City, State): \_\_\_\_\_

Student's First Language:  English  Other – *please specify:* \_\_\_\_\_

Is this child baptized?  Yes  No Date Baptized? \_\_\_\_\_

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Mother's Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Church Membership: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Church Membership: \_\_\_\_\_

Family's Home Address: \_\_\_\_\_

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City

State

Zip

Family's Home Phone Number: \_\_\_\_\_

Family's Ethnicity (Check all that apply):

African-American     Asian     Caucasian     Latino

Native-American     Other – *please specify*: \_\_\_\_\_

Are there other languages spoken in the home? If yes, what are they? \_\_\_\_\_

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**Please read the following carefully.**

**FINANCES**

Please read the **Tuition Fee Schedule Form** for more information.

**OFF CAMPUS**

My child has permission to leave the campus **without** adult supervision, directly after dismissal.

Circle one:    Yes    No

**FIELD TRIP**

I hereby give permission for my child to accompany his/her class on school sponsored trips for instructional purposes during the school year. The field trip could include walking instead of riding in a vehicle.

Circle one:    Yes    No

**OUT OF UNIFORM AND TARDY FEES**

I understand the following charges will be added onto my monthly billing statement, whereas, it will be my obligation to pay such fees each month. **Out of Uniform fees: \$1.00 per uniform violation. Tardy fees: \$3.00 per tardy, after tardy #7, until the quarter comes to an end. These fees are per child.**

**COMPUTER/INTERNET ACCEPTABLE USE**

During the course of the school year, students will use computers and the internet under supervision of the teacher. **It is acceptable for students to:**

- Be polite and courteous in all electronic communications
- Be responsible with all computer hardware and software
- Respect others' passwords, folders, and files
- Observe all copyright laws

**It is unacceptable for students to:**

- Use the computers any time unless given permission by the teacher
- Access inappropriate materials
- Send abusive/obscene messages
- Download applications or files without the permission of the teacher
- Otherwise use the computers inappropriately as deemed by the teacher

**AUTHORIZED PICK-UP**

In the event that you are unable to pick up your child(ren) from school or wish to send another individual to do so, please list the names of those individuals (other than parents/legal guardians) you authorize the school to release your child to:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Check if:     Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Check if:     Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Check if:     Emergency Contact

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Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Check if:  Emergency Contact

**A PICTURE ID WILL BE REQUIRED until we get to know each and every parent or if individuals are asked to pick up your child that we do not know. NO ID, NO RELEASE.**

**AFTER-SCHOOL CARE**

Students not picked up by their parents or designated person(s) will be automatically enrolled in our After-School Care program. After-School Care starts promptly at 3:45 P.M. to 6:00 P.M., Monday – Thursday. **No After-School Care on Fridays.** After-School Care fees can be found on the ***Tuition Fee Schedule Form.***

**PHOTO RELEASE**

I hereby consent to the use of my child's/children's image(s) in photos/videos (circle):

- *Yes / No* On the school's website and social media pages (Facebook, Instagram)
- *Yes / No* In the school's printed materials (newsletter, yearbook, etc.) and other school publications (advertising, etc.)

**PARENTAL RESPONSIBILITY**

By signing below, I attest that the information provided on this form is true and correct to the best of my knowledge. I authorize my child to participate in field trips outside the school. I understand that my child's image may be used on those mediums I have selected. I also understand that Vegas Valley Adventist Academy may, in my absence, release my child only to those individuals whom I have indicated. I have reviewed the Computer/Internet acceptable use statement with my child and agree to uphold it. In addition, I accept responsibility for the financial obligations that include, but are not limited to, entrance & registration fee, tuition, graduation fees, mission and school trip fees, late fees, lost or stolen book charges, sports, after-school care fees, gum fines, tardy fees and uniform infraction fees of our child(ren) at Vegas Valley Adventist Academy as outlined in the Tuition Fee Schedule form, and pledge to make payments on-time, or if unable, to make timely arrangements with the school treasurer.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**STUDENT RESPONSIBILITY**

I have read or had explained to me the Computer/Internet acceptable use statement, as well as the school's regulations and guidelines. I pledge to abide by these rules under the guidance of my parents/guardians and my teacher.

Student 1 \_\_\_\_\_ Date \_\_\_\_\_

Student 2 \_\_\_\_\_ Date \_\_\_\_\_

Student 3 \_\_\_\_\_ Date \_\_\_\_\_

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## CONSENT TO TREATMENT (1 per student)

Student's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parents names: \_\_\_\_\_

Mother: Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Father: Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

**PLEASE PROVIDE A COPY OF YOUR MEDICAL INSURANCE CARD.**

**Special Needs** – Are there any physical, mental, and/or emotional factors which may affect your child's learning experience (hearing, vision, speech, learning disabilities, etc.) Please explain:

\_\_\_\_\_

\_\_\_\_\_

**Allergies or other health conditions:** Please list any allergies this child has (food, medicine, environment, or other health issues: for example asthma, etc.) and indicate any reactions, necessary precautions, and treatments currently used to manage these conditions:

\_\_\_\_\_

Has a professional (such as a teacher, counselor, etc.) ever expressed concern about any other challenges with regard to this child? *Please check all that apply:*

Math Disability       Difficulty Reading Disability       Difficulty Social Problems

Behavioral Problems ADD/ADHD

Giftedness       Other – *please specify:* \_\_\_\_\_

**Other Medical Professionals:** Please list any other medical professionals that see your child regularly.

Other Specialist (ophthalmologist, audiologist, etc.) \_\_\_\_\_

Name and Phone Number: \_\_\_\_\_

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**Family Physician Name and Phone :** \_\_\_\_\_

**Dentist Name and Phone Number:** \_\_\_\_\_

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

**Hospital Phone #:** \_\_\_\_\_

The above named student **is / is not** (circle one) covered by health insurance.

**Insurance name:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_

If emergency service involving medical action or treatment is required and neither the parent nor the family physician can be reached for consent, the parents hereby consent to the rendering of such emergency medical service for the above named student as shall be necessary in the medical opinion of the doctor rendering service.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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# STUDENT DRESS POLICY

## Campus Club is our provider.

(www.campusclubuniforms.com) For more information please contact the school office.

**(You will be charged \$1.00 for each out of uniform violation.)**

### GIRLS UNIFORM

Navy blue and Khaki skirt, skort, pants, shorts or jumper. (No Tight, Skinny or Cargo Pants); White, Navy blue, Gold and Green polo shirt.

### BOYS UNIFORM

Navy blue and Khaki pants or shorts (No Cargo Pants); White, Navy blue, Gold and Green polo shirt.

### P.E. UNIFORM FOR 7<sup>TH</sup>-10<sup>TH</sup> GRADE

Gold T-Shirt with VVAA logo, Navy blue short or sweat pants with VVAA logo. Gold hoodie with VVAA logo.

### OUTER WEAR

ALL Sweatshirts (any style) MUST be plain **Gray, Navy blue, Black (NO LOGOS) or Gold hoodie with VVAA logo ONLY!**

### FOR COOLER WEATHER

ALL Sweaters MUST be plain **Gray, Navy blue or Black ONLY!** NO LOGOS.

### SOCKS/TIGHTS

**MUST be SOLID** no patterns, stripes, flowers, insignias, logos, (Black, or White ONLY)!  
**NO LEGGINGS ALLOWED!!!**

### SHOES

Shoes and tennis shoes must be black or navy blue.

**PLEASE NOTE:** All coats & jackets must be GRAY, NAVY BLUE OR BLACK, but not made of any type of sweatshirt materials and must have a lining that is separate from the outer part of the jacket or coat. No letterman or bomber jackets.

I understand our uniform policy as stated and will follow the guidelines set by VVAA. **I understand if my child comes to school out of uniform and he / she receives a uniform violation, I will be charged \$1.00 for each violation. The violation amounts will be added to my monthly statement and must be paid and cleared each month along with my other fees.**

**PLEASE SIGN HERE:** \_\_\_\_\_

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## REGISTRATION FORM

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### SDA CHURCH MEMBERSHIP VERIFICATION FORM

Please note that your local Pastor or Church Clerk must verify your church membership in order to get the best tuition prices as stated in our **Tuition Fees Schedule Form**. PLEASE filled out and bring back to school as soon as possible. Until membership is verified, you will be charged the tuition community rate until Vegas Valley Adventist Academy receives verification from you.

PARENTS' NAME: \_\_\_\_\_

PROSPECTIVE STUDENT'S NAME 1: \_\_\_\_\_

BAPTIZED: \_\_\_\_ Yes \_\_\_\_ No                                  GRADE ENTERING: \_\_\_\_\_

PROSPECTIVE STUDENT'S NAME 2: \_\_\_\_\_

BAPTIZED: \_\_\_\_ Yes \_\_\_\_ No                                  GRADE ENTERING: \_\_\_\_\_

The above member is a member in "Good Standing" at the following Seventh-day Adventist

Church: \_\_\_\_\_ located at the following address:  
 \_\_\_\_\_.

If more information is needed we can contact Pastor \_\_\_\_\_ at \_\_\_\_\_

Or Church Clerk \_\_\_\_\_ at \_\_\_\_\_.

Signature: \_\_\_\_\_ OR \_\_\_\_\_  
Pastor    Church Clerk

DATE: \_\_\_\_\_

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