



*VBA is a ministry of Glacier Valley
Baptist Church*

Sunday Service is at 10:00 am

2020-2021 Registration

Thank you for choosing Valley Baptist Academy (VBA) for your child's education, we look forward to partnering with you.

Please look through the following pages and fill out your child's registration packet completely. A non-refundable* registration fee of \$100.00 is due upon receipt of your child's packet.

Keeping in mind that children are registered in order of receipt, there are a few ways to submit your registration packet and fee:

- Bring it into the office – 3921 Mendenhall Loop Road (Summer hours will vary)
- Mail it in – P. O. Box 33231, Juneau AK 99803
- Scan and email – VBA@ALASKA.NET (this option requires payment through our website, www.valleybaptistacademy.org)

*If your child is placed on a waiting list and space does not become available, your registration fee will be refunded to you.

VBA offers four different classes, all arranged by date of birth:

3-Year-Old	Must turn 3 by September 1 st	(Tuesday and Thursday)
4-Year-Old	Must turn 4 by September 1 st	(Monday, Wednesday & Friday)
Pre-K	Must turn 5 by December 15 th	(Monday through Friday)
Kindergarten	Must turn 5 by September 1 st	(Monday through Friday)

At VBA, your child can 'stay and play' with our after-school enrichment program. **PEACE Kids**, short for **Preschoolers Excited About Christian Education**, is available directly after school until 2:00 pm. The classroom staff will gather your child directly after school. Once in the classroom, the children sit down for lunch (provided from home) and then transition into structured free-play (typically outside). The remainder of the afternoon is spent in an educationally rich environment where the children explore a different theme each week.

If you have any questions about the registration process or would like information about our school, please do not hesitate to call us – you may also visit our website. Our phone number is (907)790-2299 and our website, valleybaptistacademy.org.

Thank you for enrolling in our school, we look forward to serving you.

Some helpful information about Valley Baptist Academy

School Hours/Dates

8:30 am – 12:00 pm
8-24-20 – 5-20-20

Pick-up times are at 12:00 pm and 2:00 pm. After ten minutes you will be charged a \$15.00 fee.

PEACE Kids

12:00 pm – 2:00 pm

Tuition is due the first of each month. There is a grace period through the 15th, after the 15th a late fee of \$15.00 will be added to your child’s account. The school year runs from the last week of August through the last week in May. We offer a 10 month payment plan that extends payments through June for financial convenience.

VBA Tuition and Fee Structure

Class	Tuition Rate Monthly	Yearly Tuition	9 Month Plan	10 Month Plan	Peace Kids
3’s	\$238.00	\$2142.00	\$238.00	\$214.20	\$72.00
4’s	\$286.00	\$2574.00	\$286.00	\$257.40	\$107.00
Pre K	\$346.00	\$3114.00	\$346.00	\$311.40	\$176.00
K	\$346.00	\$3114.00	\$346.00	\$311.40	\$176.00

Payments can be made directly to the office, there is a black box just inside the door. You may also make your payment online through our website.

Scholarships are available on a very limited basis. A 10% discount is offered for multiple siblings enrolled in VBA. Please contact the director for information.

Immunizations

Alaska Administrative Code 4AAC 06.055 states:

“a) Before entry in a state public school district or nonpublic school offering pre-elementary education \$through the 12th grade, or any combination of these grades, a child shall be immunized against (1) diphtheria, tetanus, polio, pertussis, measles, mumps, hepatitis A, hepatitis B, and rubella, except rubella is not required in children 12 years of age or older; and (2) beginning July 1, 2009, varicella. (b) This section does not apply if the child (1) has a valid immunization certificate consisting of (A) a statement by a physician listing the date that each required immunization was given; or (B) a copy of a clinic or health center record listing the date that each required immunization was given; (2) has a statement signed by a doctor of medicine (M.D.), doctor of osteopathy (D.O.), physician assistant, or advanced nurse practitioner licensed to practice in this state, stating that immunizations would, in that individual’s professional opinion, be injurious to the health of the child or members of the child’s family or household; or (3) has an affidavit signed by his parent or guardian affirming that immunization conflicts with the tenets and practices of the church or religious denomination of which the applicant is a member.”

STUDENT INFORMATION

Student's full name: _____ Boy Girl

Name student goes by, if different: _____

Date of Birth: _____ Place of Birth: _____

Physical Address: _____ Same as Mailing

Mailing Address: _____

I would like to enroll my child in the PEACE Kids program: Yes No

PLEASE TELL US ABOUT YOUR CHILD

List 5 words that best describe your child (happy, playful, kind, etc.):

- | | |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | |

What are some of your child's strengths? _____

What are some areas that challenge your child? _____

What are your child's out-of-school interests? _____

Is this your child's first school experience? Yes No _____

What languages are spoken in the home? _____

What is your child's primary language? _____

What academic expectations do you have for your child? _____

Do you have any information and/or concerns that will help us work with your child (likes/dislikes)? _____

PARENT OR GUARDIAN INFORMATION:

Father's Name: _____ Cell Phone: _____ Text OK
Email Address: _____ Message Phone: _____
Address (if different): _____
Occupation and Place of Employment: _____

What phone number would you like your child to learn this year?

Mother's Name: _____ Cell Phone: _____ Text OK
Email Address: _____ Message Phone: _____
Address (if different): _____
Occupation and Place of Employment: _____

Parent/Guardians are:

- Married Separated Divorced Mother Remarried Father Remarried
 Mother Deceased Father Deceased

** If there is a shared custody agreement, please provide a copy of the schedule. Please provide a copy of any court paperwork.*

FAMILY INFORMATION:

Please list student's brothers and/or sisters

Name: _____	Age: _____	School: _____
Name: _____	Age: _____	School: _____
Name: _____	Age: _____	School: _____

CHURCH ATTENDANCE

Valley Baptist Academy is a Christian preschool and kindergarten, it is helpful for us to know your spiritual background:

Do you and your child attend church regularly? (what church)

- Yes, _____ No

Is there a bible in your home?

- Yes No

Comments (optional): _____

AUTHORIZED PICK-UP LIST – In addition to parents, VBA will ONLY release children to people listed below:

Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____

Who will be the primary pick-up person? _____

MEDICAL-PHYSICAL CONDITIONS/INFORMATION – This information is meant to help us understand the needs of your child. Please indicate any areas of concern regarding your child’s health, development, or behavior.

Physician’s Name: _____ Phone: _____

- | | |
|---|--|
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Speech Difficulty | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Breathing Difficulty | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Allergies (EpiPen <input type="checkbox"/>) | <input type="checkbox"/> Social/Emotional |

No Medical Issues or Concerns

Other _____

Comments: _____

*** Has this student been tested, diagnosed, or enrolled in any special education program (speech/language, 504 plan, IEP, academic/reading resource)? Yes No
 If yes, please include a copy of the report.

LIST ANY MEDICATIONS YOUR CHILD TAKES REGULARLY

Name of Medication	Dosage	Frequency

EMERGENCY CONTACT

VBA will make every effort to contact the parent/guardian in the event of an emergency. Should the parent/guardian not be available, please contact:

Name: _____

Phone Number: _____

Relationship to Child: _____

EMERGENCY CARE AUTHORIZATION:

In the event of an emergency, I authorize Valley Baptist Academy to seek medical care for _____. I understand that in most emergencies 911 will be called and that the child will be transported to the hospital at my expense for medical treatment. I will not hold Valley Baptist Academy liable for accidental injury to my child.

 Father’s Signature

 Date

 Mother’s Signature

 Date

FIELD TRIP PERMISSION

I understand that field trips are in integral part of the curriculum at VBA for children. I will provide a booster seat for field trips where driving is necessary. I understand that he/she will be secured in a rear seat while being transported in a car. With this understanding, I give my permission for the staff and volunteers of VBA to take my child, _____, on field trips during this school year. I absolve the school from liability to me or my child because of any injury to my child during a school activity.

Parent Signature

Date

DRIVING VOLUNTEER

VBA relies on parents' driving for field trips. For driving purposes, please fill out the following:

Driver's License Number: _____ Expiration Date: _____

Number of seat belts in Rear Seats: _____

Insurance Company: _____ Policy #: _____

Car Make and Model: _____ License Plate: _____

Special Instructions: _____

VBA requires a photo copy of License and Current Insurance – Please bring a copy with you or stop in the office with your cards.

*** If I designate another person to drive the children, I agree to inform the teacher and have the substitute person sign a VBA driving form with their license information ***

Parents...Please **REVIEW and INITIAL** – sign and date at the bottom

TUITION – The registration for my child is intended for the entire school year. If at any time during the school year my child is absent from school for any period of time, I will still pay full tuition for that month. Tuition payments are offered on a 9 or 10 month schedule as chosen below. *The full tuition is payable for months the school is closed for breaks, including May.*

I agree to make a monthly tuition payment in the amount of \$ _____ 9 months or _____ for 10 months for my child.

PEACE KIDS – I will pack a lunch for my child and provide transportation each day my child attends the after-school program.

I agree to make a monthly payment in the amount of \$ _____ if my child is accepted into the after-school program.

LATE FEE'S – It is VBA school board policy that if payment has not been received by the end of the month, it must be paid by the following month's due date of the 15th. If payment is not received, your child's enrollment status will be suspended until payment is received in full.

I agree to pay a fee of \$15.00 if tuition is paid past the 15th of the month.

I agree to pay \$10.00 for every 15 minutes I am late picking up my child.

UPDATING INFORMATION – It is important to have accurate and up-to-date information for your child. This includes a change in: address, phone, authorized pick-up, etc... In addition, any changes in behavior or home-life is helpful. I understand that VBA relies on the mother's information for contact (email/telephone) and will update, if needed, on the change form.

I agree to update information on an as needed basis by completing an update form.

IMMUNIZATIONS – I understand that there are immunizations requirements that my child must meet to maintain enrollment at Valley Baptist Academy.

I agree to provide a physician/clinic record which lists dates of immunization.

I agree to provide a copy of exemption for medical or religious belief.

PARENT HANDBOOK – This is available throughout the year.

I have received a Parent Handbook, or will obtain a copy, and will read it.

PHOTOGRAPHS – I understand that pictures of my student will be used for in-school purposes such as a slideshow in the May graduation program.

I authorize VBA to use my child's photograph in church, school, and website publications.

I DO NOT authorize VBA to use my child's photograph in church, school, and website publications.

I will comply with the policies of Valley Baptist Academy as set forth in this Registration Form and the Parent Handbook.

Father's Signature

Date

Mother's Signature

Date

VBA USE ONLY: This page is intended to ensure that our records for your child are kept as current as possible.

- Date Received: _____
- Registration Paid: Check/Cash/PayPal --- Receipt Number: _____
- Database
- Email
- Account

- Immunizations Current or Waiver
- Field Trip Permission
- Driver's License
- Insurance
- Initials Page Complete
- Photo Release

Information Updates

Date	Updated Information	Staff Informed

Student's Name: _____

VBA COVID Protocol & Health Agreement

In accordance with CDC guidelines and in line with measures being taken by the Juneau School District, VBA has adopted the following COVID policies and practices.

We recognize that social distancing is very challenging if not impossible to fully achieve with preschool age children. With that understanding we are applying best practices to encourage a healthy and safe environment for our children and staff.

- Class size will be reduced to a maximum of 12.
- Hand sanitizer will be placed at the entrance and at each classroom.
- Classroom layouts will be modified to encourage more separation and to limit shared space.
- Classrooms will not co-mingle for group activities.
- Community space use will be staggered and cleaning and disinfecting will be done between uses.
- All parent provided “snack day” food will need to be prepackaged.
- Teachers and aides will wear face shields.
- Hand washing and cleaning practices will be advanced and with a schedule.
- High touched surfaces will be cleaned daily.
- Recess time will be staggered.
- Illness threshold will be lowered. A cough, runny nose, cold and fever means stay home.
- Parents will be given a list of questions to answer regarding their child each day. A yes to any question, means keep your child at home.
- Protocol is in place in the event of a COVID illness.

These guidelines are subject to change as COVID is a fluid situation. As the risk increases or decreases measures may be added or removed.

I have read the VBA COVID Protocol and Health Agreement and I understand that these measures are established with the intent of preventing a COVID illness in the preschool.

With these COVID protocol in place there still remains a possibility of a COVID illness at VBA. I hold harmless and remove all liability towards VBA, VBA staff and Glacier Valley Baptist Church if my child was to contract COVID. I accept the full responsibility for the health and wellbeing of my child and understand the risk of attending preschool and the risk of COVID exposure for my child.

I have the read the VBA COVID Protocol and Health Agreement and I agree with the statements above.

Parent name (printed) and Mother's Signature

Date:

Parent name (printed) and Father's Signature

Date: