

# Aletheia Christian Academy

## 2020-2021 VPK Family Registration Form

**\*Note: Children must be four years old by September 1<sup>st</sup> in order to register.**

Name of Children \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
to be enrolled \_\_\_\_\_

\_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Father \_\_\_\_\_ Custody (Y/N) \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_

Work# \_\_\_\_\_ Emergency # \_\_\_\_\_ Email \_\_\_\_\_

Mother \_\_\_\_\_ Custody (Y/N) \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_

Work# \_\_\_\_\_ Emergency # \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Members? \_\_\_\_\_ Pastor's Name \_\_\_\_\_

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NOTE: When the Certificate of Eligibility is completed online, the parent/ guardian that registers the child **MUST** also be the parent/ guardian that signs the Certificate of Eligibility.

NORMAL VPK HOURS ARE Mon-Thu 8am-12pm. Please mark the correction option below.

\_\_\_\_\_ **VPK Only** (My child will be picked up at 12pm)

\_\_\_\_\_ **Wrap Around Hours** from 12pm to 3pm, 4 days a week. \$135.00 per month for 10 months (Aug – May)

- 3 days a week 12:00-3:00pm (\$101.25/mo.) Please circle - Mon. Tues. Wed. Thurs.
- 2 days a week 12:00-3:00pm (\$67.50/mo.) Please circle - Mon. Tues. Wed. Thurs.

\_\_\_\_\_ After School Care is an option for VPK students from 3pm-4pm. All VPK students **MUST** be picked up by 4:00. An *annual* registration form and family registration fee of \$10 for after school care must be completed. Bills for after school care are issued in the following month.

**Medical Information:**

List child's allergies: \_\_\_\_\_ Is your child on a daily medication? Yes( ) No ( )

If yes, please explain: \_\_\_\_\_

If needed, you may give my child: Tylenol \_\_\_\_\_ Bactine \_\_\_\_\_ Cough Drops \_\_\_\_\_ Neosporin \_\_\_\_\_ Pepto Bismol \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

**I authorize the following additional persons to pick up my child/children:**

\_\_\_\_\_  
Name/Relationship to Child                      Address                      Phone

\_\_\_\_\_  
Name/Relationship to Child                      Address                      Phone

\_\_\_\_\_  
Name/Relationship to Child                      Address                      Phone