Aletheia Christian Academy 2024-2025 VPK Family Registration Form

Note: Children must be four years old by September 1st in order to register.

		Birthdate	Age	Sex
to be enrolled		Birthdate		Sex
Father	Custody	(Y/N) Cell#		
Work#	Emergency #	Email		
Mother	Custody	(Y/N) Cell#		
Work#	Emergency #	Email		
Home Address			Zip_	
Church Affiliation				
	Pastor's Name			
	ate of Eligibility is comple guardian that signs the C		guardian that	registers the child
NORMAL VPK HOURS AR	E Mon-Thur 8am-12pm Plo	ease mark the correct o	ptions below.	
VPK Only (My child w	ill be picked up at 12pm)			
Wrap Around Hours	from 12pm to 3pm 4 days a	a week. \$137.50 per moi	nth for 10 month	ns (Aug – May)
3 days a week 12pm	-3pm (\$104.14/mo) Check	days - Mon T	ues Wed	Thurs
2 days a week 12pm	-3pm (\$68.75/mo) Check d	ays - Mon T	ues Wed	Thurs
	pption for VPK students fro Care are issued in the follow		students MUST	be picked up by
List child's allergies:		ls vour child	on a daily medica	ation?
If yes, please explain:				
If needed, you may give my o	hild: Tylenol Bactine	Cough Drops	Neosporin	Pepto Bismol
Child's Physician		F	Phone	
Child's Dentist		F	hone	
<u>I authorize the following ad</u>	ditional persons to pick up m	y child/children:		
Name/Relationship to Child	Address		Phon	e
Name/Relationship to Child	Address		Phon	e
Name/Relationship to Child	Address		Phon	e
Name/Relationship to Child	Address		Phon	e

DATE APPLICATION RECEIVED _____ Aletheia admits students of any race, color, national and other origins.