

Vista Christian School

Enrollment Application

School Year 2024-2025

NAME OF PERSON OR FAMILY WHO REFERRED YOU:

Are you an employee of Vista Assembly Church? _____ part-time _____ full-time

Are you an employee of Vista Christian School? _____ part-time _____ full-time

Student's Name: _____
Last First M.I.

Birth Date: ____/____/____ Gender: M__ F__ Grade applying for: _____

Home Address: _____
Street City State Zip

Home Phone: _____ Best Daytime Phone: _____

Student's home address above is also the address of:

____Father ____Stepfather ____Other

Name _____

Occupation _____ Employer _____

Work# _____ Cell# _____

Primary # _____

E-mail address _____

Need to receive school mailings? Yes _____ No _____

____Mother ____Stepmother ____Other

Name _____

Occupation _____ Employer _____

Work# _____ Cell# _____

Primary # _____

E-mail address _____

Need to receive school mailings? Yes _____ No _____

*** OTHER PARENTS WITH JOINT CUSTODIAL RIGHTS***

____Father ____Stepfather ____Other

Name _____

Address _____

Occupation _____ Employer _____

Work# _____ Cell# _____

Primary # _____

E-mail address _____

Need to receive school mailings? Yes _____ No _____

____Mother ____Stepmother ____Other

Name _____

Address _____

Occupation _____ Employer _____

Work# _____ Cell# _____

Primary # _____

E-mail address _____

Need to receive school mailings? Yes _____ No _____

Previous School Information

School Name _____ Grade _____

Address _____ City _____

State _____ Zip Code _____ Phone# _____

Sibling Information (3-18 yrs.)

Sibling Attends VCS?

Name _____ Age _____ Yes _____ No _____

Name _____ Age _____ Yes _____ No _____

Name _____ Age _____ Yes _____ No _____

Name _____ Age _____ Yes _____ No _____

CHURCH INFORMATION

Name of Church now regularly attending: _____

Pastor's Name: _____

If you are looking for a church in this area, please visit Vista Assembly of God any Sunday at 9:30 a.m. For more information, check out the VAG website at www.vistaassembly.com.

STUDENT PROFILE

Answers to these questions will not necessarily result in a non-acceptance.

___ Yes ___ No 1) Has student ever been suspended or expelled from school?

___ Yes ___ No 2) Does student have any physical impairment?

___ Yes ___ No 3) Has student ever received professional counseling?

___ Yes ___ No 4) Does student have any known or suspected learning disabilities?

___ Yes ___ No 5) Does student require any additional academic support or in-class modification?

___ Yes ___ No 6) Has student ever consumed alcohol or illegal drugs?

If you responded yes to any of the above questions, please explain:

Unusual factors in student's life and/or home situation: _____

****Is there any court order in effect limiting the presence of, or removal of, student by any person or persons during school hours? Yes___ No___**

Please explain briefly: _____

Documentation must be provided at enrollment.

****In order for VCS to implement any conditions of the above said order, a copy must be in the student's file. Information is confidential and is necessary to implement and protect all persons affected.**

The tuition at VCS is based on a yearly fee. For your convenience, **tuition is divided into ten monthly payments, without regard to vacation and holidays and does not correspond directly with the months of the school year.** Please refer to the financial information sheet for current tuition fees.

Tuition and Extended Care fees are due in the school office by the 1st of each month. **Monthly invoices are sent home only when fees are delinquent.** Payments are late after the 9th of the month. A late fee of \$30.00 is added to all late tuition payments. A 10% late fee will be assessed on all late Extended Care fees and will be reapplied each month the bill goes unpaid. _____Initial here.

If you expect to be late with the Tuition or Extended Care fees, you will be expected to contact the school office as soon as possible.

If your Tuition account is past due for a second month, your child will be dismissed from attending class. The child will not be re-admitted to class until the account is resolved. _____Initial here. Extended Care services will be revoked for those who are 2 months behind in payment. _____Initial here. Report cards may be held in the office on overdue accounts until fees have been paid or acceptable payment arrangements made. If your account has reached this point and successful payment arrangements have not been made, your account may be referred to a collection agency.

By March 1, all past accounts must be balanced to maintain priority registration for the following year and to release your child's report card. Any re-enrollment registration money paid will be applied to past due accounts first. Re-enrollment will be reviewed and considered once your account is up to date.

Discount to Vista Assembly of God Tithing Church Members: Contact the church office (760-724-7099) to request membership information or confirmation of membership. Sign the appropriate places on the registration/enrollment form for the school. Attendance and giving records will be reviewed on a regular basis to continue the 20% VAG tithing member discount.

VISTA ASSEMBLY OF GOD – CHURCH MEMBERSHIP

I wish to apply for the church membership discount. I have reviewed the qualifications and meet the requirements. I understand church membership will be verified with the church office prior to receiving discount. I will be notified if I do not qualify.

Signed: _____ Relationship to student: _____

Signed: _____ Relationship to student: _____

REQUIRED INFORMATION AND SIGNATURE

VISTA CHRISTIAN SCHOOL FINANCIAL CONTRACT AGREEMENT

As the parents/guardians of _____ I/we have read this tuition policy page and agree to abide by it. I/we understand my child is not enrolled at VCS until completed enrollment forms are returned, accompanied by registration and book fees, and the registrar has accepted proof of immunizations. Once testing and all appropriate forms are completed and reviewed, my enrollment packet will be considered for approval by the administration.

It is agreed that the registration fee is to be paid in full at the time of enrollment. When enrolling two or more children, a request may be made for registration fees to be allocated into payments. Failure to follow the payment schedule will result in late fees being applied to the registration amounts and/ or may jeopardize class placement. Contact the office to request and discuss arrangements.

_____ Initial here. It is further understood that unless paid in full, the yearly tuition fee will be a monthly payment plan of 10 equal payments, due the 1st of each month. I understand this is a payment plan and does not correspond directly with the months in the school year. **Monthly payments begin August 1, 2024, and finish on May 1, 2025.** It is understood these fees are due on the 1st of the month and are considered late after the 9th of each month. **If paid after the 9th of the month,** a late fee of **\$30.00 will be added to my account.** Likewise, a 10% late fee will be assessed to any Extended Care charges not paid by the 9th of the month.

Signed: _____ Signed: _____

Date: _____ Date: _____

For tuition purposes, we rate the oldest child at the 1st child rate and all others at the multiple rates. Military and other discounts will be given at the time of enrollment. You may qualify for more than one discount; however, tuition may not be discounted more than a total of 20% when applying for multiple discounts. Verification will be required for all discounts given.

PAYOR INFORMATION

Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

S.S. # _____ - _____ - _____

E-Mail: _____

Relationship to student: _____

Address: _____

City: _____ State: _____ Zip: _____

Required Information: Please Read & Sign

PARENT'S AGREEMENT

Please read carefully, sign, and return with enrollment forms.

Parent's Declaration

1. I have received and read, understand and agree to, the policies outlined in these forms. _____Initial.
2. I have shared appropriate information from these forms and the student handbook with my child(ren) regarding school rules and procedures. _____Initial.
3. I have read the Statement of Faith of VAG/VCS and have read the Parent/Student Handbook and agree to support both.
4. I authorize the staff of VCS to provide first aid and to secure emergency medical care for my child should it be necessary.
5. I will notify the school office in case of emergency, change of address, telephone, or place of employment.
6. I will give a two-week written notice if I withdraw my child from school.
7. I give permission for my child to participate in all VCS sponsored off-campus field trips.
8. I will contact VCS immediately if I am unable to make my monthly tuition payment on time. _____Initial.
9. In the event my child needs discipline at school, I will support the teachers and administration. I will pick up my child promptly should the Principal make that request. _____Initial.
10. In the event a problem arises which cannot be solved to the satisfaction of either party, this contract will become void and a two-week notice will be given for the dismissal of any child.
11. In regard to marriages which have been separated or terminated, both parties agree to communicate all pertinent school & class information between one another and to not hold VCS responsible to inform each party individually. _____Initial.
12. I agree to supply any pertinent information regarding custody, visitation, or other related issues to the school and agree to hold harmless the school in attempting to uphold orders. If paperwork is not present, I also agree to hold harmless the school from issues regarding custody due to lack of information to uphold.

Student Name: _____ Grade: _____

Parent Signature: _____ Date: _____

STUDENT STANDARDS

As a student of VISTA CHRISTIAN SCHOOL, I recognize I have the privilege of attending a Christ-centered school and acknowledge this truth should be self-evident in my classroom, on the playground, and in my personal demeanor.

Therefore, I promise to:

- Submit willingly to those in authority over me. This includes my teachers, support staff and the principal.
- Strive to act and speak in a way pleasing to the Lord Jesus. I will not use any profanity or vulgar gestures.
- Work to keep a teachable and cooperative attitude.
- Treat fellow students, teachers and others at school in a kind, respectful manner.
- Work diligently to achieve my own personal best in the realm of academics.

By signing this agreement, I understand failure to comply with these standards may be cause for suspension and/or permanent removal from school.

Student Signature_____ Date _____

I affirm I have read and discussed these standards with my child.

Parent Signature_____ Date _____



Therese Ramirez - Principal 760-724-7353

Model/Photo Release Form

I, _____ hereby grant VCS contracted photographer, his/her legal representatives and assigns (including but not limited to), clients, publications and agencies, irrevocable permission to publish in any manner, including (but not limited to) calendars, advertisements, periodicals and greeting cards. I will hold harmless the VCS contracted photographer and his/her legal assigns and representative, from any liability by virtue of distortion or alteration, unless it can be proven that such alterations and or distortions were done with malicious intent.

Student Information

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Release for Parent/Guardian of Minor Child

I do attest that I am the parent or legal guardian of the above-named minor child, and have legal authority to sign this release on his/her behalf. I have read and fully understand the contents of this release, and consent to the use of said photographs based on the contents thereof.

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature _____ Date: _____

Witness: _____ Date: _____

_____ (check) My child is **NOT** permitted to be photographed by V.C.S.

_____ Signature

Release for Student over the age of 18

I have read and fully understand the contents of this release. I declare that I am over the age of 18 years, and am fully competent to sign this release on my own behalf.

Student Signature: _____ Date: _____

Witness: _____ Date: _____



290 N Melrose Drive Vista, CA 92083
www.vistachristian.org

STUDENT BACKGROUND FORM

Last Name			First	Middle	M F	Grade	Birthdate
Parents/Guardian		Street Address		City	ST	ZIP	
Home Phone		Father's Work Phone		Mother's Work Phone			
Birthplace (city/state/country)		Cell Phone #		E-mail			

Parent Education Level (Circle One For Father and One For Mother)

- | | | |
|--------------------|---------------------|--------------------------|
| 1. Not HS Graduate | 3. Some College | 5. Grad School/Post Grad |
| 2. HS Graduate | 4. College Graduate | 6. Decline to State |

Home Language Survey

1. What language did student learn when he/she first began to talk? _____
2. What language does student use most frequently at home? _____
3. What language do you use most frequently with student? _____
4. What language is most often spoken by the adults living in the home? _____

Student's Ethnic Background (Circle One):

Not Hispanic or Latino Hispanic or Latino

Student's Race (Circle one or more regardless of ethnicity):

American Indian/Alaskan Native Black/African-American White
Asian/East Indian *Circle One (Chinese, Japanese, Korean, Vietnamese, Filipino, Asian Indian, Laotian
Cambodian, Hmong, Other Asian)
Pacific Islander *Circle One (Hawaiian, Guamanian, Samoan, Tahitian, Other Pacific Islander)

Preschool Information (Circle One)

Family Child Care Fee-for-Service/Private Preschool Did not Attend Preschool
Was your child's preschool Half Day Full Day
How long did your child attend? _____

School History

504 Yes No
Special Education Yes No
If yes, what program _____

Do you have a copy of the IEP/504? Yes (Date _____) No

Military Background

Are one or both parents active military? Yes No

Signature

Date

THANK YOU FOR FILLING OUT THIS FORM COMPLETELY

ADMISSIONS ~ VISTA CHRISTIAN SCHOOL

ENROLLMENT CHECK LIST

To be completed by Parent/Guardian

Kindergarten

Documents Needed Check List:

- ☐ Copy of the child's birth certificate—**must be 5 years by September 1st**
- ☐ Current record of required immunizations or Exempt Form signed by doctor
- ☐ Copy of custody papers if applicable

Admission Forms:

- ☐ Application Form
- ☐ Parent and Student Agreement Forms/Student Background Form
- ☐ Student Handbook Form (found in the back of the Student Handbook)

Admission Costs:

- ☐ Registration Fee
- ☐ Book Fee

Grades 1-8

Documents Needed Check List:

- ☐ Current record of required immunizations-Visit Shotsforschools.org for further information
**Or Medical Exemption signed by Doctor and approved via CAIR ME website-
cair.cdph.ca.gov**
- ☐ Proof of Tdap & 2 Varicella vaccines required before start of school (**7th grade only**)
- ☐ Copy of 1st Grade Health Form (**1st grade only**)
- ☐ Copy of custody papers if applicable

Admission Forms:

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Admission Costs:

- ☐ Registration Fee
- ☐ Book Fee