



VALLEY BIBLE ACADEMY

ST. JOHN'S LUTHERAN

STUDENT REGISTRATION FORM

Parent Names: _____ Date: _____

Address: _____

City: _____ Zip Code: _____ Home Phone: _____

Home Church: _____ Address: _____

First Child: _____ Age: _____ Birth Date: _____ Grade: _____
Baptism Date: _____

Second Child: _____ Age: _____ Birth Date: _____ Grade: _____
Baptism Date: _____

Third Child: _____ Age: _____ Birth Date: _____ Grade: _____
Baptism Date: _____

Cell Phone Number: _____ (Mother) _____ (Father)

Email Address: _____ (Mother) _____ (Father)

Father's Occupation: _____ Employer: _____

Work Number: _____ ext. _____ Typical Work Hours: _____

Mother's Occupation: _____ Employer: _____

Work Number: _____ ext. _____ Typical Work Hours: _____

EMERGENCY CONTACTS: (other than parent)

1) Name: _____ Relationship: _____
City: _____ Phone: _____ or _____

2) Name: _____ Relationship: _____
City: _____ Phone: _____ or _____

PERSONS AUTHORIZED BY PARENT TO PICK UP CHILD(REN) FROM SCHOOL:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

(Please complete reverse side of form also)

Insurance Provider: _____
Emergency Medical Facility: _____
Emergency Medical Phone Number: _____
Medical ID Number: _____ Child: _____
Medical ID Number: _____ Child: _____
Medical ID Number: _____ Child: _____
"Non-Emergency" Advice Phone Number (if available): _____
Physician's Name: _____ Phone Number: _____

Dentist: _____ Phone: _____

Orthodontist: _____ Phone: _____

FOOD OR DRUG ALLERGIES? _____

Any condition which may affect the physical/emotional state of your child:

Any condition which would limit full school participation:

Special medications: _____

How did you hear about Valley Bible Academy? _____

Please explain why you wish your child(ren) to attend our school. If transferring from a different school, please explain reason for transfer:

I understand that my child(ren)'s total tuition is due and payable at the time of fall registration OR payable on a monthly basis with the book fee due at fall registration and the nine monthly payments due on the 15th of each month. If an account becomes 30 days past due, I understand that my child will not be able to attend classes until the delinquent account is brought up to date.

I have read the Valley Bible Academy Handbook. I understand and agree that by enrolling my child I indicate my willingness to abide by the policies, procedures, and rules set forth in the handbook.

X _____ X _____
Mother's signature Father's signature Date

* Valley Bible Academy admits students of any race, color, and national or ethnic origin.