



# 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 nine payments may be made each month beginning September 1<sup>st</sup>. The book fee is due at fall registration before school begins. 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.