



# Leon Valley Christian Academy

Janna Jones  
LVCA Administrator

Dear Returning LVCA Parent(s):

Thank you for your continued support of the Leon Valley Christian Academy. I am excited to have your child(ren) join us for another school year. We believe that Christian education is a partnership between the home and school. It is our desire to be an extension of the home by teaching values and character qualities that align with those you are already instilling in your child(ren). We are looking forward to another great school year!

The following information is needed to enroll your child for the upcoming school year and complete their file. Please understand that **without a completed enrollment packet and a paid registration fee, we cannot place your child on the school enrollment roster.** Completed paperwork can be turned in to the school office or emailed to [leonvalleysecretary@gmail.com](mailto:leonvalleysecretary@gmail.com). If you have any questions, please contact the school office.

## Current Student Enrollment Checklist

### Current Student Forms Checklist:

- Student Enrollment Packet for the new school year
- Updated immunization records or Immunization waiver if student is exempt (**state required**)  
**Note:** To review the Texas Minimum Vaccine Requirements go to:  
<http://www.dshs.state.tx.us/immunize/school/default.shtm>
- Physical Exam Form (*only required if immunizations are NOT current OR if there is a health concern listed on the admission form needing clearance for participation in Physical Education*)
- Non-refundable Registration Fee of \$275.00 (*paid to Leon Valley Christian Academy (LVCA) upon enrollment*)

God Bless,

*Janna Jones*

Janna Jones  
Leon Valley Christian Academy Administrator

7990 Grissom Road • San Antonio, Texas 78251 • (210) 684-5662 ext. 307 (office) • (210) 798-0021 (fax)  
[LVCAoffice@LVBC.org](mailto:LVCAoffice@LVBC.org)



# Leon Valley Christian Academy Student Enrollment Form

## STUDENT INFORMATION

Name \_\_\_\_\_  
(Last) (First) (Middle)

Grade enrolling (circle one): PreK Kinder 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup> 6<sup>th</sup> 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>

Gender (circle one): F / M Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Place of Birth \_\_\_\_\_  
City & State or Country

Ethnicity/Race:  Hispanic  African American or Black  Asian  White  Other: \_\_\_\_\_

United States citizen (circle one): Yes / No ***\*If no, appropriate immigration papers must be submitted with application***

Students resides with: \_\_Both Parents \_\_Mother \_\_Father \_\_Guardian

## PARENT/GUARDIAN 1 INFORMATION

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
(Last) (First) (Middle Initial)

Marital Status \_\_Married \_\_Single \_\_Widowed \_\_Separated \_\_Divorced

Residence Address \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Mailing Address \_\_\_\_\_  
(Street Address OR P.O. Box No.) (City) (State) (Zip)

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ *Check here to receive all correspondence via email* \_\_

## PARENT/GUARDIAN 2 INFORMATION

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_  
(Last) (First) (Middle Initial)

Marital Status \_\_Married \_\_Single \_\_Widowed \_\_Separated \_\_Divorced

Residence Address \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Mailing Address \_\_\_\_\_  
(Street Address OR P.O. Box No.) (City) (State) (Zip)

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ *Check here to receive all correspondence via email* \_\_

# EMERGENCY/HEALTH/FIELD TRIP AUTHORIZATION

An emergency form is required to be on file for each child

Student Name \_\_\_\_\_ D.O.B \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Relationship to student \_\_\_\_\_

Relationship to student \_\_\_\_\_

Best Contact Number \_\_\_\_\_

Best Contact Number \_\_\_\_\_

**Name of Persons Authorized to Take this Child:** (other than parents) **Please give at least 2 names**

**Students will not be released to persons not on this form (unless PRIOR notice has been given to the school office.)**

**Picture identification will be requested upon arrival.**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## MEDICAL INFORMATION

In the event that First-Aid must be administered, please provide the information below. Unless otherwise restricted by law, special health problems will be shared with appropriate staff and faculty to provide the best possible care for your child. In the event of an emergency involving your child, 911 will be called first, then parent/guardian or other listed emergency contacts. The parent/guardian can call the child's doctor. If any of the listed contacts cannot be reached and the child needs to be transported to the hospital, a designated staff member will accompany your child, and physician information will be given to the hospital.

Primary Care Provider \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

(Street Address OR P.O. Box No.)

(City)

(State)

(Zip)

Preferred Hospital \_\_\_\_\_

Condition	Check Here	Additional Information
Asthma	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	
Epilepsy/Seizure Disorder Date of last seizure: _____	<input type="checkbox"/>	
Heart Condition	<input type="checkbox"/>	
Allergies (food, insect, other) Reaction (check one): <input type="checkbox"/> Mild <input type="checkbox"/> Severe	<input type="checkbox"/>	
Vision Check all that apply: <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Impairment	<input type="checkbox"/>	
Other: _____	<input type="checkbox"/>	

A medication authorization form will be **REQUIRED** for any medication needing to be administered at school. Please contact the office or download at [www.lvcasa.org](http://www.lvcasa.org).

# FINANCIAL REQUIREMENTS

**New Student Registration Fee** (*non-refundable*): \$300

**Returning Student Registration Fee** (*non-refundable*): \$275

**Book Fees:** (*non-refundable and due by July 15<sup>th</sup> or at enrollment if enrolled after July 15<sup>th</sup>*)

<b>Pre-K</b> \$175	<b>Kindergarten</b> \$180	<b>1<sup>st</sup> – 4<sup>th</sup> Grade</b> \$380	<b>5<sup>th</sup> – 12<sup>th</sup> ACE (basic fee)</b> \$325
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**Tuition: \$3,750 / year**

**Payment options: (SELECT ONE)**

**Annual:** One-time payment (*due August 15<sup>th</sup>*)

**Monthly option:** 10 equal payments (*due the 15<sup>th</sup> of each month from August – May*)

*A \$25.00 late fee will be charged to any student account more than 10 days late.*

*A \$25.00 fee will be charged to the account if any checks are returned to LVCA.*

**LVCA Activity Fee: \$200** (*may be divided into 10 monthly installments*)

**One-time Fees** (*due by August 15<sup>th</sup>*):

**Achievement Testing Fees:** \$50 (*Kindergarten – 12<sup>th</sup> grade only*)

**AACS Membership Fee:** \$15

**Other children in family enrolling:**

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

## FINANCIAL AGREEMENT

- I/We have read the financial considerations and payment plan options previously outlined. I/We understand that the registration & book fees are non-refundable. I/We agree to make prompt payments as outlined and understand that late payments will be assessed a \$25.00 late fee. I/We also understand, a \$25.00 fee will be assessed for any unpaid checks returned to LVCA. I/We further understand that school records and report cards will not be released for accounts that are past due.
- I/We acknowledge that the school day begins promptly at 8:15 am and dismisses at 3:30 pm. I/We acknowledge that students not enrolled in the Extended Hours Program will be charged a \$25.00 early drop-off/late pick-up fee for any students dropped off prior to 8:00 am or picked up after 4:00 pm.
- I/We hereby acknowledge that I/we have read all the preceding agreements and the Student Emergency Authorization and agree to comply with each of their requirements as stated. I/We will advise LVCA of any changes to the above information that occurs during the school year.

*I/We certify that I/we have completed, reviewed, corrected, and updated all the information included within this form and to the best of my/our knowledge it is complete and accurate.*

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# EXTENDED HOURS PROGRAM

(Select an option below)

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Full time  
(AM and PM hours)

AM Part time  
(6:30 – 8:15 am)

PM Part time  
(4:00 – 6:00 pm)

Not Applicable

## FEES AND PAYMENTS *(fees can be divided into 10 installments.)*

### *Part-Time (am OR pm):*

\$900 / year

\$600 / year for 2<sup>nd</sup> + child

### *Full-Time (am AND pm):*

\$1,250 / year

\$950 / year for 2<sup>nd</sup> + child

## Other children in family enrolling:

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_

## EXTENDED HOURS RULES AND REGULATIONS

**In order to enroll in the Extended hour program, you must understand and agree to the following rules and regulations by reading and signing below:**

1. I understand that **the Program begins on scheduled school days, prior to the start of the school day, but no earlier than 6:30 am and upon school dismissal and runs no later than 6:00 pm.**
2. I understand that the Program operates on most scheduled school days, with the exception of a few designated days and when school is closed due to weather or an early release day.
3. I understand that ***chronically early drop off in the morning and late pick up in the afternoon are grounds for removal from the program.*** An additional fee of \$10.00 is charged, beginning at the 5-minute point of the first hour past 6:00 pm (starts at 6:05 pm). An additional \$5.00 will be added for every 5 minutes after 6:05 pm until the student is picked up.
4. I understand that LVCA reserves the right to release any student from the program for repeated cases of inappropriate conduct.
5. I agree that I will notify LVCA office if someone other than a parent OR an authorized individual listed on the extended hour enrollment form, will be picking up my child.
6. I agree to accept and comply with all rules and regulations.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Parent/Guardian signature

# CHURCH AFFILIATION

What is your current church affiliation?

Church's Name: \_\_\_\_\_

Church's Address: \_\_\_\_\_  
\_\_\_\_\_

Pastor's Name: \_\_\_\_\_

Active Member(s):  Yes  No

Attend Regularly:  Yes  No

No church affiliation

## **More About Your Child**

1. Has your child ever been referred for special education testing? Yes / No

Please explain: \_\_\_\_\_  
\_\_\_\_\_

2. Has your child ever been diagnosed with any learning disabilities? Yes / No

Please explain: \_\_\_\_\_  
\_\_\_\_\_

3. Has your child received any detentions, suspensions, or expulsions? Yes / No

Please explain: \_\_\_\_\_  
\_\_\_\_\_

4. Does your child participate in extracurricular activities outside of school? Yes / No

Please list: \_\_\_\_\_  
\_\_\_\_\_

# MEDICAL CLEARANCE FORM – TO BE COMPLETED BY PHYSICIAN

Leon Valley Christian Academy: 7990 Grissom Road, San Antonio, TX 78251

Phone: (210) 684-5662 ext. 307 Fax: (210) 798-0021

Email: [LVCAoffice@lvbc.org](mailto:LVCAoffice@lvbc.org)

*Physical must not be over 1 year old. Parent may provide a current copy of physical if an annual physical has already been completed.*

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Body Fat % (optional) \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_

Vision R 20/\_\_\_\_\_ L 20/\_\_\_\_\_ Corrected: Y N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

MEDICAL	NORMAL	ABNORMAL FINDINGS	INITIALS
Appearance			
Heart-Lower extremity pulses			
Eyes/Ears/Nose/Throat			
Heart-Auscultation of the heart in the standing position			
Heart-Auscultation of the heart in the supine position			
Lymph Nodes			
Pulses			
Lungs			
Abdomen			
Skin			
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS	INITIALS
Shoulder/Arm			
Elbow/Forearm			
Back			
Hip/Thigh			
Leg/Ankle			
Wrist/Hand			
Foot			
Neck			

Immunizations are up to date as of today and his/her next immunizations will be needed by \_\_\_\_\_

(Attach a copy of immunizations to date)

For Current Texas minimum Vaccine Requirements go to: <http://www.dshs.state.tx.us/immunize/school/default.shtm>

## CLEARANCE

- Cleared
- Cleared after completing evaluation/rehabilitation for \_\_\_\_\_
- Not cleared for \_\_\_\_\_ Reason \_\_\_\_\_

The following information must be filled in and signed by either a physician, a physician assistant licensed by a state board of physician assistant examiners, or a registered nurse recognized as an advanced practice nurse by the board of nurse examiners.

Name (print/type) \_\_\_\_\_ Date of examination \_\_\_\_\_

Signature \_\_\_\_\_