



Leon Valley Christian Academy

Natalie Burkholder
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 lvcaoffice@lvbc.org. 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,

Natalie Burkholder

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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



Leon Valley Christian Academy

Student Enrollment Form

STUDENT INFORMATION

Name _____
(Last) (First) (Middle)

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

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 _____

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 _____

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

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.

FINANCIAL REQUIREMENTS

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

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

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

Pre-K \$250	Kindergarten \$300	1st – 4th Grade \$450	5th – 12th ACE (basic fee) \$400
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Tuition: \$4,250 / year (*Discounts are available for LVBC members, families with multiple children enrolled, and families who pay for the full year in advance.*)

Payment options: (SELECT ONE)

Annual: One-time payment (*due August 15th*)

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

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

LVCA Activity Fee: \$250 (*may be divided into 10 monthly installments*)

One-time Fees (*due by August 15th*):

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

AACS Membership Fee: \$50

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 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):

\$1,100 / year

\$800 / year for 2nd + child

Full-Time (am AND pm):

\$1,600 / year

\$1,200 / year for 2nd + 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: LVCoffice@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 _____