



Silver Valley Christian Academy
Registration/Application for Admission 2015/2016
Non-refundable registration fee or first payment must accompany this form.

Date: _____ New Student or Returning _____ Entering grade: _____

Student's full legal name: _____

Student's home address: _____

Student's mailing address: _____

Home Phone: _____ Age as of Sept. 1, 2015: _____ Birth date: _____

School Attended Last Year: _____ City/St: _____

Student's grades have been: Above Average/Average/Below Average Repeated (What grade? __)

***Circle grades previously attended at Silver Valley Christian Academy:**

4- K, K, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12

Father's/Guardian's name: _____ Please Print

Address: _____

Cell Ph: _____ Home Ph: _____ Work Ph: _____

Email: _____ Employer: _____

Mother's/Guardian's Name: _____ Please Print

Address: _____

Cell Ph: _____ Home Ph: _____ Work Ph: _____

Email: _____ Employer: _____

Parent(s): Single, Married, Separated, or Divorced (please circle one)

With whom does the child live? _____

Church now attending: _____ Attend Sunday School? Yes/ No

Pastor's name: _____ Phone: _____

SVCA referred by: _____

***Please note:** Our school is not equipped or staffed to handle significant emotional or behavioral disabilities; however, we will assess each child on an individual basis. If a child is unable to control his or her behavior or causes a threat or danger to other children, the child will be dismissed from the program.

Silver Valley Christian Academy

2015 – 2016 Tuition and Fees Schedule

	New Student Registration (Due in full by August 1)	Returning Student Registration (Due in full by August 1)	Annual Tuition	Tuition Payment Schedule (10 Payments: August – May)
4 K Preschool – Mon - Fri	\$275		\$2,875	\$287.50
4 K Preschool – T, Wed, TH,	\$220		\$2,475	\$247.50
Kindergarten	\$330	\$305	\$2,875	\$287.50
Grades 1 – 3	\$330	\$305	\$2,875	\$287.50
Grades 4 – 6	\$440	\$315	\$3,150	\$315.00
Grades 7 – 12	\$440	\$415	\$3,150	\$315.00

- Registration is due in full by August 1 and is non-refundable
- Tuition payments are due on the first of each month, starting August 1
- A 5% discount will be given if annual tuition is paid in full prior to August 31
- A 35% discount will be given for children of full time school employees and will be prorated for part time employees according to their work schedule
- Discounts can be added together (school employee + multiple children, for example)

Past Due Accounts

If a family's account is more than one month past due, and payment arrangements have not been agreed to in writing with the School Board financial representative, the family's children will not be allowed to attend school until the account is brought current.

Multiple Child Discounts on Tuition (not Registration Fees)

- 1st child – full tuition
- 2nd child – 10% discount
- 3rd child, 4th child – 15% discount

(Note: The first child is considered to be the child in the highest grade. For example, if you have an 8th grader and a 5th grader, you would pay full tuition for the 8th grader and get a 10% discount for the 5th grader.)

Additional Fees

- **Transportation fee - \$20 per month**
(For children taking classes at the Kellogg Public Schools and needing transportation. This fee may be prorated among families if multiple children are being transported at the same time.)

Tuition Credit Program

Silver Valley Christian Academy's vision is ***"To allow GOD to do whatever it takes to provide the means for SVCA to make Christian education available for all families who desire it for their children."***

There are several ways families can lower tuition costs, including:

- **Student Referrals** – A \$200 tuition credit will be given to a family for each brand new student it refers to SVCA. It does not apply to siblings of current students or students who have previously attended SVCA. The referring family must be listed on the new student’s application form. Half of the credit will be issued in October and half in February, as long as the new student is still enrolled. The referral credit will be prorated for brand new students enrolling in the middle of the year.
- **Fundraising Credits** – Some activities in which SVCA participates (helping out with the annual Silver Hoops basketball tournament, for example) generate funds for the school. Families willing to help with these activities can earn tuition credits.
- **Tuition Aid** – SVCA has a limited amount of tuition aid assistance available to assist families for whom full tuition is not affordable. An application form is available from the school office.

Please contact the school office at 208-783-3791 for more information on the Tuition Credit Program.

Parent awareness and involvement in their children’s education is a key to their success. Parent participation in the educational process enables you to know the classroom procedure and how your child is performing in that environment, and thus to better assist them there. It enables you to know the peer group and how your child relates in that context, and thus influence those relationships.

All Parents are requested to contribute a **minimum of 24** hours of school service for each family with children in grades 1 through 12. These hours may be a diverse and creative means of supporting SVCA. Also please see the **Opportunities for Parent Involvement** (next page).

The **SVCA Annual Bike-a-thon** is our largest and most important general school fundraiser. **Every** family is requested to participate in securing sponsors or sponsor your own children. Other opportunities include soliciting and bringing donated items for prizes, in planning, publicity, set-up, or organization. The Bike-a-thon provides critical funds to provide that SVCA will meet our Vision Statement.

Opportunities for Parent Involvement

Parent volunteers are needed at the school throughout the year. When you volunteer you are helping to keep tuition prices down. The greatest benefit, however, is being involved with your child's school and fellowshiping with others. Please plan on volunteering at least once a month. God has gifted each of us with talents so please share yours with us!

Name: _____ Phone: _____

*** Moms and Dads- please mark all the areas that you are available to help with. ***

School Programs- Please circle event you would like to help with

Christmas	Spring Program	Talent Show	Open House	Bike-a-thon
___	help to decorate		___	bring food for an event
___	help serve food/drinks		___	build props for plays
___	clean up after a program		___	help with costumes
___	help students get sponsors for Bike-a-thon			

Teachers for extracurricular classes:

Art Class - once a week or once a month for grades:

___	Preschool	___	K - 1st grade
___	2nd - 3rd grade	___	4th - 6th grade

Computer Class - once a week or once a month for grades:

___	2nd - 3rd grade	___	4th - 6th grade	___	7th - 12th grade
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P.E. Class - once a week for grades:

___	Preschool	___	K - 1st grade		
___	2nd - 3rd grade	___	4th - 6th grade	___	7th - 12th grade

Morning Monitor ___ supervise students that arrive early from 7:15– 8:00 - need 1 volunteers per day

Library ___ help to keep the library organized, put away books, dust the shelves

Classrooms ___ help teachers with bulletin boards, make copies, etc.

Office ___ help with Box Tops and Soup Labels - counting and cutting

Cleaning ___ help w/ cleaning projects and accountability for students' daily chores

Maintenance ___ fix things that get broken like chairs, desks, etc.

Construction ___ building book shelves, podiums, props for plays, etc.

Driving ___ drive for field trips and nursing home visits

Snow Plowing ___ plowing the parking lot when needed - this would save the school hundreds of \$

Tutoring ___ give extra help to students - reading, flash cards, etc,

Hot Lunch ___ once a month special lunches - bring food or drinks, help serve, clean up

Board ___ am interested in being on SVCA school board

SCHOOL DEPARTURE PERMISSION FORM

I hereby give permission for my child _____
to leave the Silver Valley Christian Academy with the following person(s) named below.

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

My child may walk home from SVCA. Yes No

My child may leave the school with another SVCA student (grades 3 and up only) Yes No

Name of person(s) who **MAY NOT** pick up my child:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

If there is a separation or divorce custody problem of which we should be aware, please explain below.

*****It is my responsibility to notify the Silver Valley Christian Academy of any changes*****

Father/Guardian: _____

Date: _____

Mother/Guardian: _____

Date: _____

PERMISSION SLIPS CONTRACT

Regarding Mountain Valley Care and Rehab Center in Kellogg, ID and Good Samaritan Silverton Village in Silverton, ID:

I agree to hold both the Mountain Valley Care and Rehab and the Good Samaritan Silverton Village and their agents harmless for any liability to my child or any guardian or parent thereof because of any claim on behalf of my child against both the Mountain Valley Care and Rehab and Good Samaritan Silverton Village or any agent thereof because of any injury to my child/children.

- I give my child permission to participate in outings/field trips to Mountain Valley Care and Rehab I Kellogg, and And to Good Samaritan Village in Silverton, ID.

Child's name _____ Parents Signatures _____
Date _____

Regarding field trips in the Kellogg area:

I give permission for my child to leave the school premises under supervision of a staff member and participate in school outings/field trips within walking distance of the school and to go on outings/field trips within the Kellogg area during the 2014-2015 school year.

- I give my child permission to use all play equipment and participate in all activities of the school.

Child's name: _____ Grade: _____

Signatures: (Both parents must sign unless one is the sole parent/guardian)

Father/Guardian: _____ Date: _____

Mother/Guardian: _____ Date: _____

Internet Use Permission

I hereby give my permission for my child, _____, to use the internet for school purposes. I understand that my child will be supervised while on the internet.

Signatures: (Both parents must sign unless one is the sole parent/guardian)

Father/Guardian: _____ Date: _____

Mother/Guardian: _____ Date: _____

The Best way for SVCA Communicate with you

*Please circle the top two ways for us to communicate with you:

1. Paper, 2. E-mail, 3. Text, or 4. Phone (list which number is best)

Home _____

Cell _____

Work _____

Photo, Press, Audio and Electronic Media Release for Minors

I, Parent/Guardian of _____, hereby consent that the photographs and/or motion picture or videotape for which he/she posed, and/or audio recordings made of her/his voice may be used by Silver Valley Christian Academy, its assignees or successors, in whatever way they desire, including television and electronic media. Furthermore, I hereby consent that such photographs, films, recordings, plates and tapes are the property of SVCA, and they shall have the right to sell, duplicate, reproduce, and make other uses of such photographs, films, recordings, plates, and tapes as they may desire free and clear of any claim whatsoever on my part.

Signatures: (Both parents must sign unless one is the sole parent/guardian)

Father/Guardian: _____ Date: _____

Mother/Guardian: _____ Date: _____

CONSENT FOR MEDICAL TREATMENT

Name of student: _____ Grade: _____ DOB: _____

Should my child become ill or injured while under school supervision, I approve of the school administering incidental first aid. In the event of a more serious illness or injury, I authorize Silver Valley Christian Academy to:

1. Contact a parent or legal guardian of the student and follow his or her instruction.
2. In the event a parent or legal guardian cannot be reached immediately, the School authorities are hereby authorized to use their best judgment in contacting 9-1-1, a properly licensed physician or in transporting my child to the hospital or medical facility for consultation and/or treatment. Such transporting is to be done either by school provided transportation or, if school officials deem it preferable, by ambulance.

For information only, the name of my child's physician is:

Dr. _____ Phone number: _____

Preferred Hospital: _____

Insurance: _____ ID# _____

If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint and empower the Administrator or her designated representative, to furnish on my behalf such written or oral authorization as may be so required. Furthermore, I release the Administrator, her designated representative, Silver Valley Christian Academy their employees and agents from any claims, damages, and/or liability which might arise as the result of medical service and treatment provided by any physician or hospital or medical facility pursuant to such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as possible after the need arises. I agree to indemnify and hold the same harmless from any expense or damage incurred relating to said services or treatments.

Father/Guardian Signature: _____ Date: _____

Mother/Guardian Signature: _____ Date: _____

EMERGENCY CONTACT INFORMATION

Father/Guardian: _____ Employment: _____

Home address: _____ City: _____ Zip: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Does student live with you? Yes, No Other; Please explain: _____

Mother/Guardian: _____ Employment: _____

Home address: _____ City: _____ Zip: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Does student live with you? Yes No Other; Please explain _____

Person to be called in case of an emergency:

Name: _____ Relationship: _____ Phone: _____

STUDENT INFORMATION

Any Medical or Food Allergies? _____

Significant medical conditions of which we should be aware of? _____

Is this student taking medication for an on-going condition: Yes ___ No ___

Name of medication(s): _____

For what purpose? _____

Idaho State Law

Idaho State Law requires the school to keep on file a copy of each student's official birth certificate from the State Bureau of Vital Statistics o (not a copy from the hospital) and a copy of each student's current immunization record or a certificate of exemption.

Students cannot attend school if these forms are not on file.