



REGISTRATION FORM

TUITION FEE SCHEDULE

The VVAA Board of Trustees (B.O.T.) approved the registration rate and the tuition fee.

REGISTRATION ENTRANCE FEES NON-REFUNDABLE

K-6th \$475.00 Due before August 16, 2024
7th-10th \$575.00

Community Yearly Tuition:

- ◆ 7th-10th = \$7,400.00
- ◆ TK-6th = \$6,400.00

SDA Discounts:

- ◆ \$1,000.00 for 7th-10th constituent members = \$6,400.00
- ◆ \$1,000.00 for K-6th students = \$5,400.00

Other Discounts:

- ◆ 5% = 2nd child
- ◆ 10% = 3rd child
- ◆ 15% = 4th or more children
- ◆ 6% = prepay year in full
- ◆ 3% = prepay by semester

PLACEMENT TEST FEE FOR ALL NEW STUDENTS \$50.00

GRADES:	YEARLY:	MONTHLY:
K – 6 th , SDA Churches	\$5,400.00	\$540.00 per month
K – 6 th , Community	\$6,400.00	\$640.00 per month
7 th – 10 th , SDA Churches	\$6,400.00	\$640.00 per month
7 th – 10 th , Community	\$7,400.00	\$740.00 per month

SCHOLARSHIPS MAY BE AVAILABLE! Please call school office to inquire.

Graduation Fees: Transitional-Kindergarten - \$60.00. Kindergarten - \$90.00. 8th grade - \$150.00. Due March 1, 2025.

FAQ:

Q: What are the school hours?

A: Monday – Friday, Morning care starts at 7:30 A.M. School hours are Monday – Thursday: 8:00 A.M. – 3:30P.M., Friday: 8:00 A.M. – 12:00 P.M. NOON. Students are marked tardy at 8:01 A.M.

* **Tardy fees: \$3 per tardy, after tardy #7, until the quarter comes to an end. These fees are per child.**

Vegas Valley Adventist Academy “is operated as an exempt school under the provision of NRS 394.211 and as such is exempt from the provisions of the Private Elementary and Secondary Education Authorization Act.”

Q: Is there After-School care?

A: After-School Care starts promptly at 3:45 P.M. to 6:00 P.M., Monday – Thursday and 12:15 P.M. to 5:00 P.M., Friday. Daycare fees are based on a flat rate of \$10.00 per hour. If picking up after 6:00 P.M., late fees are \$20.00 per child for the first 5 minutes and \$1.00 per minute thereafter per child. After-School Care and Late pick up fees will be billed on your monthly statement. **Expectations:** Each parent or guardian **MUST** place a signature next to the clocked-out time. Please make sure your signature is legible. VVAA requests this for the safety of your child.

A PICTURE ID WILL BE REQUIRED for pick up. Those picking up must be over 18 years of age to check/clock out students. This process is important until we get to know each and every parent. For non-regular individuals asked to pick up students, picture IDs will be required. NO ID, NO RELEASE.

Q: When do I pay registration?

A: Registration must be paid before school starts in August.

REGISTRATION DISCOUNTS: \$25.00 off, if paid by March 31, 2025.

ALL NEW STUDENTS that pay the registration fee on the day of their tour/appointment will receive a 20% discount on the registration fee! If not able to pay the registration fee on the day of the tour/appointment, take advantage of a 10% discount within 30 days of visit.

Q: When do I begin to pay tuition?

A: September 1 through June 1, inclusive. The Yearly Tuition is divided into 10 payments.

Q: What will I owe monthly?

A: Take the yearly tuition and divide that into ten (10) months to get your monthly payment.

Q: If I choose to pay by the semester or yearly, when is that due?

A: 3% discount for one-time payment per semester, or 6% discount for one-time yearly payment:

1st Semester is due **September 1**

2nd Semester is due **February 1**

Yearly Payments are due **September 1**

Q: Is there a discount for more than one child?

A: Yes. There is a 5% discount for second child, a 10% discount for the third child, and a 15% discount for the fourth child.

Q: Is there a late fee charged?

A: Yes. A \$35.00 late fee is assessed if your payment is received in the office after the 10th of the month.

Q: What kind of payment is accepted?

A: We accept Debit, Visa, Discover, MasterCard, American Express, Money Order, Cashier's Check, Personal Check, or Cash. We provide online payment through the school website, www.vvaa4u.org>Online Payments.

* **PLEASE NOTE:** If your check is returned for insufficient funds, no more personal checks will be accepted.

Q: What happens if the bank returns my check?

A: A \$35.00 returned check fee will be charged to your account. After one bounced check, VVAA will not accept a personal check as a form of payment.

Vaccinations

VVAA follows the state requirements for vaccinations. Required by state except in the cases of medical exclusion from doctor or religious reasons. Currently the **SDA** church is not against vaccinations.

Parents: Fill in the requested information on **THESE FORMS** as completely as possible.

PLEASE PRINT CLEARLY:

DATE OF APPLICATION: _____

Child 1:

Full Legal Name (First, Middle, Last): _____

Nickname/Prefers to be called: _____ Sex: Male Female

Birthday (MM/DD/YY): _____ Grade Student will be entering: _____

Student's Place of Birth (City, State): _____

Student's First Language: English Other – please specify: _____

Is this child baptized in the Seventh-Day Adventist Church? Yes No

Date Baptized? _____

Child 2:

Full Legal Name (First, Middle, Last): _____

Nickname/Prefers to be called: _____ Sex: Male Female

Birthday (MM/DD/YY): _____ Grade Student will be entering: _____

Student's Place of Birth (City, State): _____

Student's First Language: English Other – please specify: _____

Is this child baptized in the Seventh-Day Adventist Church? Yes No

Date Baptized? _____

Child 3:

Full Legal Name (First, Middle, Last): _____

Nickname/Prefers to be called: _____ Sex: Male Female

Birthday (MM/DD/YY): _____ Grade Student will be entering: _____

Student's Place of Birth (City, State): _____

Student's First Language: English Other – please specify: _____

Is this child baptized in the Seventh-Day Adventist Church? Yes No

Date Baptized? _____

Mother's Name: _____

Primary Phone: _____ Email Address: _____

Occupation: _____ Church Membership: _____

Father's Name: _____

Primary Phone: _____ Email Address: _____

Occupation: _____ Church Membership: _____

Family's Home Address: _____

City

State

Zip

Family's Ethnicity (Check all that apply):

African-American Asian Caucasian Latino

Native-American Other – please specify: _____

Are there other languages spoken in the home? If yes, what are they? _____

Please read the following carefully.

FINANCES

Please read the ***Tuition Fee Schedule*** Form for more information.

OFF CAMPUS

My child has permission to leave the campus **without** adult supervision, directly after dismissal.

Check one: Yes No

FIELD TRIP

I hereby give permission for my child to accompany his/her class on school sponsored trips for instructional purposes during the school year. The field trip could include walking instead of riding in a vehicle. I understand that there will be field trip forms I must sign for every field trip.

Check one: Yes No

OUT OF UNIFORM AND TARDY FEES

I understand the following charges will be added onto my monthly billing statement, whereas, it will be my obligation to pay such fees each month. **Out of Uniform fees: \$1.00 per uniform violation.**
Tardy fees: \$3.00 per tardy, after tardy #7, until the quarter comes to an end. These fees are per child.

COMPUTER/INTERNET ACCEPTABLE USE _____ Initial here.

During the course of the school year, students will use computers and the internet under supervision of the teacher. **It is acceptable for students to:**

- Be polite and courteous in all electronic communications
- Be responsible with all computer hardware and software
- Respect others' passwords, folders, and files
- Observe all copyright laws

It is unacceptable for students to:

- Use the computers any time unless given permission by the teacher
- Access inappropriate materials
- Send abusive/obscene messages
- Download applications or files without the permission of the teacher
- Otherwise use the computers inappropriately as deemed by the teacher

AUTHORIZED PICK-UP _____ Initial here.

In the event that you are unable to pick up your child(ren) from school or wish to send another individual to do so, please list the names of those individuals (other than parents/legal guardians) you authorize the school to release your child to. I will communicate with VVAA at such times.

Name: _____ Relationship: _____

Check if: Emergency Contact

Name: _____ Relationship: _____

Check if: Emergency Contact

Name: _____ Relationship: _____

Check if: Emergency Contact

Name: _____ Relationship: _____

Check if: Emergency Contact

A PICTURE ID WILL BE REQUIRED for pick up. Those picking up must be over 18 years of age to check/clock out students. This process is important until we get to know each and every parent. For non-regular individuals asked to pick up students, picture IDs will be required. NO ID, NO RELEASE. _____ Initial here.

AFTER-SCHOOL CARE _____ Initial here.

Students not picked up by their parents or designated person(s) will be automatically enrolled in our After-School Care program. After-School Care starts promptly at 3:45 P.M. to 6:00 P.M., Monday – Thursday. 12:15 P.M. to 5:00 P.M., Friday. After-School Care fees can be found on the **Tuition Fee Schedule** form.

PHOTO RELEASE _____ Initial here.

I hereby consent to the use of my child's/children's image(s) in photos/videos (circle one):

- Yes / No On the school's website and social media pages (Facebook, Instagram)
- Yes / No In the school's printed materials (newsletter, posters, etc.) and other school publications (advertising, etc.)

PARENTAL RESPONSIBILITY

By signing below, I attest that the information provided on this form is true and correct to the best of my knowledge. I authorize my child to participate in field trips outside the school. I understand that my child's image may be used on those mediums I have selected. I also understand that Vegas Valley Adventist Academy may, in my absence, release my child only to those individuals whom I have indicated. I have reviewed the Computer/Internet acceptable use statement with my child and agree to uphold it. In addition, I accept responsibility for the financial obligations that include, but are not limited to, entrance & registration fee, tuition, graduation fees, mission and school trip fees, late fees, lost or stolen book charges, sports, after-school care fees, gum fines, tardy fees and uniform infraction fees of our child(ren) at Vegas Valley Adventist Academy as outlined in the Tuition Fee Schedule form, and pledge to make payments on-time, or if unable, to make timely arrangements with the school treasurer.

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

STUDENT RESPONSIBILITY

I have read or had explained to me the Computer/Internet acceptable use statement, as well as the school's regulations and guidelines. I pledge to abide by these rules under the guidance of my parents/guardians and my teacher. **5th - 10th graders are required to sign this document.**

Student 1 _____ Date _____

Student 2 _____ Date _____

Student 3 _____ Date _____

CONSENT TO TREATMENT (1 per student)

Student's Full Name: _____

Date of Birth: _____

Parents names: _____

Mother: Home # _____ Cell # _____ Work # _____

Father: Home # _____ Cell # _____ Work # _____

PLEASE PROVIDE A COPY OF YOUR MEDICAL INSURANCE CARD.

Special Needs: Are there any physical, mental, and/or emotional factors which may affect your child's learning experience (hearing, vision, speech, learning disabilities, etc.) Please explain:

Allergies or other health conditions: Please list any allergies this child has (food, medicine, environment, or other health issues: for example asthma, etc.) and indicate any reactions, necessary precautions, and treatments currently used to manage these conditions:

Family Physician Name and Phone : _____

Dentist Name and Phone Number: _____

Hospital Preference: _____

Hospital Phone #: _____

The above named student **is / is not** (circle one) covered by health insurance.

Insurance name: _____

Policy #: _____

Has a professional (such as a teacher, counselor, etc.) ever expressed concern about any other challenges with regard to this child? *Please check all that apply:*

Math Disability Difficulty Reading Disability

Difficulty Social Problems Behavioral Problems ADD/ADHD

Giftedness Other – please specify: _____

Other Medical Professionals: Please list any other medical professionals that see your child regularly.

Other Specialist (ophthalmologist, audiologist, etc.) _____

Name and Phone Number: _____

If emergency service involving medical action or treatment is required and neither the parent nor the family physician can be reached for consent, the parents hereby consent to the rendering of such emergency medical service for the above named student as shall be necessary in the medical opinion of the doctor rendering service.

Parent/Guardian Signature: _____

Date: _____

STUDENT DRESS POLICY

Campus Club is our provider.

(www.campusclubuniforms.com) For more information please contact the school office.

(You will be charged \$1.00 for each out of uniform violation.)

GIRLS UNIFORM

Navy blue and Khaki skirt, skort, pants, shorts or jumper. (No Tight, Skinny or Cargo Pants); White, Navy blue, Gold and Green polo shirt.

BOYS UNIFORM

Navy blue and Khaki pants or shorts (No Cargo Pants); White, Navy blue, Gold and Green polo shirt.

P.E. UNIFORM FOR 7TH-10TH GRADE

Gold T-Shirt with VVAA logo, Navy blue short or sweat pants with VVAA logo. Gold hoodie with VVAA logo.

OUTER WEAR

ALL Sweatshirts (any style) MUST be plain Gray, Navy blue, Black (NO LOGOS) or Gold hoodie with VVAA logo ONLY!

FOR COOLER WEATHER

ALL Sweaters MUST be plain Gray, Navy blue or Black ONLY! NO LOGOS.

SOCKS/TIGHTS

MUST be SOLID no patterns, stripes, flowers, insignias, logos, (Black, or White ONLY)!

NO LEGGINGS ALLOWED!!!

SHOES

Shoes and tennis shoes must be black or navy blue.

PLEASE NOTE: All coats & jackets must be GRAY, NAVY BLUE OR BLACK, but not made of any type of sweatshirt materials and must have a lining that is separate from the outer part of the jacket or coat. No letterman or bomber jackets.

I understand our uniform policy as stated and will follow the guidelines set by VVAA. I understand if my child comes to school out of uniform and he / she receives a uniform violation, I will be charged \$1.00 for each violation. The violation amounts will be added to my monthly statement and must be paid and cleared each month along with my other fees.

PLEASE SIGN HERE: _____



REGISTRATION FORM

SDA CHURCH MEMBERSHIP VERIFICATION FORM

Please note that your local Pastor or Church Clerk must verify your church membership in order to get the best tuition prices as stated in our **Tuition Fees Schedule** form. PLEASE filled out and bring back to school as soon as possible. Until membership is verified, you will be charged the tuition community rate until Vegas Valley Adventist Academy receives verification from you.

PARENTS' NAME: _____

STUDENT'S NAME 1: _____

BAPTIZED: ___ Yes ___ No GRADE ENTERING: _____

STUDENT'S NAME 2: _____

BAPTIZED: ___ Yes ___ No GRADE ENTERING: _____

The above member is a member in "Good Standing" at the following Seventh-day Adventist

Church: _____ located at the following address:

_____.

If more information is needed we can contact Pastor _____ at _____

Or Church Clerk _____ at _____.

Signature: _____ OR _____

Pastor

Church Clerk

DATE: _____