



# Registration Application 2020-2021

August 24, 2020 – August 13, 2021 Today's Date \_\_\_\_\_

-Please Print-

Child's Name:		Sex:	Date of Birth:
Address:			
City:	State:	Zip:	Phone:
Request of Days: (check desired days) Re-Enrollment _____ OR New Student Start Date _____			
Infant/Toddler: <input type="checkbox"/> 5 Full (M-F) (only option)			
2's to Pre-K: Full Day Hours 7:00 am – 6:00 pm <input type="checkbox"/> 2 Full (T/Th) <input type="checkbox"/> 3 Full (MWF) <input type="checkbox"/> 5 Full (M-F) Half Day Hours 8:30 am – Noon <input type="checkbox"/> 2 Half (T/Th) <input type="checkbox"/> 3 Half (MWF) <input type="checkbox"/> 5 Half (M-F)			
Is Child Potty Trained? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Mother's Name:		Cell Phone:	
Address:		Work Phone:	
Place of Employment:			
Job Title:		E-Mail:	
Father's Name:		Cell Phone:	
Address:		Work Phone:	
Place of Employment:			
Job Title:		E-Mail:	
Home Church:			
Does Child Have Sibling at Valor Christian Academy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Siblings Name's (if applicable):			
Parent Signature:		Date:	
-Office Use Only-			
Received By: _____		Date: _____	
\$175 Non-Refundable Registration Fee for Current Families until Feb. 7, 2020 <input type="checkbox"/> Check # _____			
\$200 Non-Refundable Registration Fee <input type="checkbox"/> Check # _____			
Re-Enrollment _____ OR New Student Start Date _____			
*\$50 Non-Refundable Waitlist Fee		<input type="checkbox"/> Check # _____	
Waitlist Date _____		<input type="checkbox"/> Other _____	
* Child will remain active on waitlist for one year.			
525 Earle Lane * Redondo Beach, CA 90278 * 310-798-5181 X246 * Fax: 310-798-1575 email address: <a href="mailto:rdominguez@valorca.org">rdominguez@valorca.org</a> <a href="http://www.valorchristianacademy.org">www.valorchristianacademy.org</a>			