



610 W Alto Road • Kokomo, IN 46902 • 765-453-9768

## 2025 - 2026 Registration Form

	Legal Name/Last	First	Middle	M/F	DOB	Age	Grade for 2025/2026	Student email
1.								
2.								
3.								
4.								
5.								
6.								

### Parent/Step-Parent/Guardian Student Resides With

Natural parents are: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Mother deceased <input type="checkbox"/> Father deceased <input type="checkbox"/> Other			
Father/Step-Father/Guardian		Relationship	
Cell #	Employer	Occupation	Work #
Email			
Church Member [ ] yes [ ] no		Church Name	Church #
Mother/Step-Mother/Guardian		Relationship	
Cell #	Employer	Occupation	Work #
Email			
Church Member [ ] yes [ ] no		Church Name	Church #
Home Address		City	Zip Code
Home #			

### Emergency & Transportation Information

**EMERGENCY CONTACTS** (other than custodial parents) Individuals to reach in case of emergency listed in order of preference:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ H# \_\_\_\_\_ C# \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ H# \_\_\_\_\_ C# \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ H# \_\_\_\_\_ C# \_\_\_\_\_

**PROVIDE TRANSPORTATION** (other than custodial parents) Individuals who have permission to transport my children:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ H# \_\_\_\_\_ C# \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship \_\_\_\_\_ H# \_\_\_\_\_ C# \_\_\_\_\_

## Medical Information

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

Hospital \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

In the event our child (children) become(s) ill or sustain(s) injury while in the care of Victory Christian Academy and the school is unable to reach us, we give our permission to those in charge to take whatever steps are necessary. If it is not possible to reach the physician named, consent is given to any licensed physician or dentist to perform such emergency procedures as he thinks the existing emergency requires.

Student Name	Student Name
Allergies (list type & severity):	Allergies (list type & severity):
Other medical conditions:	Other medical conditions:
Medications needed at school (must be in original package with detailed instructions):	Medications needed at school (must be in original package with detailed instructions):

  

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## Permission/Agreement

Permission to give phone numbers and/or home address to other school families - ☐ yes ☐ no

Permission to use images/quotations/names in VCA materials/website/Facebook page - ☐ yes ☐ no

School last attended \_\_\_\_\_ Phone \_\_\_\_\_

**By signing this form, my enrolled child(ren) and I agree to adhere to the policies and rules as stated on this enrollment form and in the VCA Student Handbook. Victory Christian Academy reserves the right to revise the Student Handbook. If a revision should occur, an official notice will be issued stating the revision.**

Father/Guardian Signature	Print Name	Date	Mother/Guardian Signature	Print Name	Date
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