



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

2026 - 2027 Registration Form

| | Legal Name/Last | First | Middle | M/F | DOB | Age | Grade for 2026/2027 | Student Nickname |
|----|-----------------|-------|--------|-----|-----|-----|---------------------|------------------|
| 1. | | | | | | | | |
| 2. | | | | | | | | |
| 3. | | | | | | | | |
| 4. | | | | | | | | |
| 5. | | | | | | | | |
| 6. | | | | | | | | |

Parent/Step-Parent/Guardian Student Resides With

Natural parents are: Married Separated Divorced Mother deceased Father deceased 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): |
| 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): |
| 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): |

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