

# Dear Prospective Family,

Thank you for considering Vacaville Christian School (VCS). We know that the selection of the right school environment for your child is one of the most important decisions facing any parent. As a school, our focus is on providing a superior educational climate that will encourage your child to pursue academic excellence, and will create a desire to strengthen spiritually, physically, and creatively. As a parent, I understand that you have a crucial decision to make about your child’s future. That is why you have this packet in your hand!

We are looking for families who are supportive of our Christian philosophy, objectives, and standards of education, and whose children meet our enrollment standards. Our purpose is to serve families who desire not only a private education, but a distinctively Christian education for their children.

Before filling out the admission paperwork, please read through our Parent & Student Handbook on our website, [www.go-vcs.com/parent-handbooks](http://www.go-vcs.com/parent-handbooks). The handbook will introduce you to many of the school’s policies, procedures and expectations for both parent and students. In the first several pages of our handbook you will find explanations regarding our purpose, mission, and beliefs. Vacaville Christian School unashamedly accepts the Bible as the infallible and inerrant Word of God and practices a literal interpretation of Scripture. Biblical principles are integrated into every subject taught at our school and our staff is committed to academic excellence and teaching students how to apply the truths of God’s Word in every aspect of life.

As in all decisions related to your child’s education, it is important for you to determine that this is a school that is consistent with your personal decisions and life style and will not cause confusion or conflicted feelings. We respect your right to enroll your child in the best possible learning environment. It is our hope that Vacaville Christian School can partner with your family in all areas.

For more information on the admissions process, please turn to the last page of this packet or feel free to contact us at 707-446-1776. If you have not visited our campus, I encourage you to schedule a personal tour, as soon as possible. I would like to make the admissions process as easy as possible, answer your questions and provide you with all of the information you need to make an informed decision.

Working together!

Director of Enrollment

**Please complete ALL REQUIRED forms in the application packet prior to returning the packet for consideration. Check-off each item on the checklist below to ensure the packet is complete. Please print legibly on all forms.**

### APPLICATION PACKET CHECKLIST:

- ☐ Non-refundable application fee of \$100\* Cash or Check
- ☐ Copies of court ordered custodial agreements (if applicable)
- ☐ Birth certificate
- ☐ Copy of immunization records
- ☐ Completed Application and Parental Commitment form (must be signed by BOTH parents)
- ☐ Emergency Contacts form
- ☐ Release of Specific Student Information form
- ☐ State Physician’s Report - Child Care Centers - form (must be completed by Physician)
- ☐ State Child’s Pre-Admission Health History form
- ☐ State Parent’s Rights form
- ☐ State Personal Rights form
- ☐ Preschool Ages and Stages Questionnaire (online) \*parent fills out
- ☐ Parent Biblical Worldview Survey (online)
- ☐ Childcare/Educator Survey (online) \*only applicable if your child is currently in daycare or preschool

\* Application submitted without the appropriate fee and signatures **will not be processed**.

# Admission Procedures:

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**Step One: Application** - to initiate the application process, the Admissions Office must receive the following items:

**A. School Application:** (one per child) The application, in addition to the supplemental forms, need to be signed and completed. Please refer to the convenient checklist on the front cover.

**B. Application Fee:** A non-refundable \$100 application fee made payable to Vacaville Christian School must accompany the completed application packet.

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**Step Two: New Family Interview for Acceptance** - The **Acceptance of Admissions Letter** will be given to all applicants during the New Family interview with the Director confirming or denying your child’s acceptance. Applications for students beyond the number we are able to accept will be placed on a waiting list. While applications continue to be taken for the school year, there are two things to note:

**A.** The Admissions Office maintains a **wait list** for each program, first come/first served basis. This list is necessary until the Directors are able to determine how many openings are available for the school year.

**B.** If your child is applying for Older Preschool (3 Years Old by September 1st) or Kindergarten Readiness (4 Years Old by September 1st) and is **not potty-trained** by the start date of your program, your child will remain on the **wait list** until they are potty trained. Enrollment at that time will be dependent on space still being available.

**C.** If your child is applying for Younger Preschool (2 Years Old on start date), you will be asked to sign an agreement stating you will actively support our potty training program. \*Your child does not have to be potty trained to enroll in the Young Preschool Program.

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**Step Three: Completion of School Registration** - In order to secure your child’s spot, please return your enrollment contract and supplemental documents to the Admissions office within seven (7) days of receipt. Please be sure to include the non-refundable registration fee of \$250. Credit cards not accepted.

**A. Signed Contract of Payment and Liability Contract**

**B. Remittance of non-refundable registration fee of \$250**

**C. Completion of online Blackbaud Tuition Management account registration**

**D. Supplemental documents included in acceptance packet**

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**Step Four: Meet with Teacher** - You will be contacted by the Preschool Office to schedule the following:

**A. School Visit:** This gives the teacher, parents and child a chance to meet in the child’s classroom environment. During this visit, the teacher will go over your child’s schedule and the necessary details for drop-off, pick-up, lunches and other program details. This will occur prior to the start of school.

Vacaville Christian School, admits students of any race, color, national, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school. It does not discriminate on the basis of race, color, national, or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.

|  |   |
|--|---|
| The Department of Licensing shall have the authority to interview clients, including children or staff, and to inspect and audit client or facility records without prior consent. |   |
|  | Pre-School/Kindergarten Readiness<br>License #480104414     |
|  | Ages Served: 24mos-6yrs<br>Preschool/Kindergarten Readiness |



# Vacaville Christian School

[www.Go-VCS.com](http://www.Go-VCS.com)

## ADMISSIONS USE ONLY

App Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_  
App Fee: \_\_\_\_ CASH CC CK# \_\_\_\_  
Application Received by: \_\_\_\_  
Forwarded to Registrar: \_\_\_\_/\_\_\_\_/\_\_\_\_

## OFFICE USE ONLY

PowerSchool ID: \_\_\_\_  
Reg Fee: \_\_\_\_ CASH CC CK# \_\_\_\_  
Student Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Department: YPS OPS KR  
Program: 2M 2A 3M 3A 5M 5A

☐ Full-Time Minister ☐ Military ☐ Rewards  
☐ Sibling to current VCS Student ☐ Staff  
☐ 2025-2026 ☐ 2024-2025 ☐ Wait List

## ADMISSION APPLICATION

PLEASE PRINT OR TYPE CLEARLY

Student Information: All school mailings will be sent to this address

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Legal Last Name Legal First and Middle Name Date of Birth M F Gender Current Age (Year/Months)  
\_\_\_\_\_  
Primary Address City State ZIP  
Home Phone: \_\_\_\_\_  
Ethnicity (optional): ☐ Asian ☐ African American ☐ Caucasian ☐ Hispanic ☐ American Indian ☐ Pacific Islander ☐ Other

Guardian #1 Information: Relationship to Student: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Home Phone  
\_\_\_\_\_  
Mailing Address City State Zip  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Guardian #2 Information: Relationship to Student: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Home Phone  
\_\_\_\_\_  
Mailing Address City State Zip  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

How did you hear about VCS? ☐ 1.VCS Parent Referral/Friend's Name: \_\_\_\_\_ \*ask for referral form  
☐ 2.Google search ☐ 3.Facebook advertisement ☐ 4.Drive by/Location ☐ 5.Vacaville Magazine ☐ 6.My other child attends VCS  
☐ 7.I am VCS Alumni ☐ 8.Other \_\_\_\_\_ ☐ 9.Returning Student/ Last Date Attended: \_\_\_\_\_

**Guardian #3 Information:**

Relationship to Student: \_\_\_\_\_

Last Name \_\_\_\_\_

First \_\_\_\_\_

Home Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Guardian #4 Information:**

Relationship to Student: \_\_\_\_\_

Last Name \_\_\_\_\_

First \_\_\_\_\_

Home Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Marital Status of Parents: ☐Single ☐Married ☐Divorced ☐Separated ☐Remarried ☐Widow/WidowerPhysical Custody: ☐Both Parents ☐Mother ☐Father ☐Shared Custody ☐Other \_\_\_\_\_Legal Custody: ☐Both Parents ☐Mother ☐Father ☐Shared Custody ☐Other \_\_\_\_\_

**Custody/restraining orders must be kept in the student file. Please bring the original documents to the Admissions Office for copies to be made.**

CURRENT CHURCH: \_\_\_\_\_

Denomination: \_\_\_\_\_ Pastor \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

City \_\_\_\_\_, California Zip \_\_\_\_\_

How often does the student attend church? ☐Weekly ☐Monthly Parents: ☐Weekly ☐Monthly

# VCS Parental Commitment

## VCS Statement of Faith

We believe the Bible is the only Word of God, divinely inspired, inerrant, infallible, totally expressing His purposes to mankind. We accept the Bible as our final authority; the all-sufficient and complete rule for faith and conduct. (2 Timothy 3:15-17; I Peter 2:15)

We believe there is one God, eternally existent in three persons: Father, Son and Holy Spirit. God the Father, Creator and Ruler of the universe from Whom all life exists (Genesis 14:22; Genesis 1:1; Colossians 1:17); Jesus Christ, God the Son sent to take the form of a man to put God's great plan for humanity into effect (John 17:5; Philippians 2:5-11; Hebrews 1:2); God the Holy Spirit, revealing Jesus Christ and God's plan to the Christian and bearing witness to God's work in our world. (John 16:13-14; I Corinthians 2:9)

We believe in the person of Jesus Christ, God's only eternal Son. Born of a virgin, He lived a sinless life; performed mighty miracles; died for the sin of the whole world; rose again to conquer sin, death, and Hell; ascended to the right hand of His Father to intercede on our behalf; and will return to earth again for those who have personally accepted forgiveness of sin through Him. (Isaiah 7:14; Hebrews 7:26; I Corinthians 15:3-4)

We believe that all mankind is born sinful and separated from God, requiring individual repentance and forgiveness through the blood of Jesus Christ, shed on the cross, as absolutely essential to be in right standing again with God. (Romans 10:9-17; John 3:16; Titus 2:11-13)

We believe that any form of sexual immorality (including adultery, fornication, homosexual behaviors, bisexual conduct, bestiality, incest, and use of pornography) is sinful and offensive to God. (Matt 15:18-20 ; I Cor. 6:9-10)

We believe that God offers redemption and restoration to all who confess and forsake their sin, seeking His mercy and forgiveness through Jesus Christ (Acts 3:19-21; Romans 10:9-10; 1 Cor 6:9-11).

We believe that every person must be afforded compassion, love, kindness, respect, and dignity (Mark 12:28-31; Luke 6:31). Hateful and harassing behavior or attitudes directed toward any individual are to be repudiated and are not in accord with Scripture or the beliefs or practices of Vacaville Christian Schools.

We believe in the continuing ministry of the Holy Spirit, by Whose indwelling, the Christian is enabled to live a godly life. (Ephesians 5:18; 4:30; I Corinthians 3:16)

We believe in the second coming of Christ and the resurrection of believers. (I Thess. 4:16-17; Revelation 19:20; 20:11-15)

We believe in the spiritual unity of all believers in the Lord, Jesus Christ. (Ephesians 1:22-23; Romans 8:9). I understand the standards of VCS in all areas including character, academics, social, and spiritual development. I recognize that VCS is a non-denominational school that fully supports the local Christian churches in the community.

**I have read the "Statement of Faith" printed above and by my signature below, I acknowledge VCS' Bible based education and agree to support, uphold and abide by all of its policies and procedures. VCS exists to serve students and parents who support Christian values. All parents and students are encouraged to regularly attend a Christian church.**

**Parent Initials:** \_\_\_\_\_

**I have read and understand the terms set forth in this parental commitment and will adhere to this covenant for the duration of my child's attendance at Vacaville Christian School. Parent Initials:** \_\_\_\_\_

**The statement of faith does not exhaust the extent of our beliefs. The Bible itself, as the inspired and infallible Word of God, is what speaks as the final authority concerning truth, morality, and the proper conduct of mankind. It is the sole and final source for all that we believe. For purposes of Vacaville Christian School's faith, doctrine, practice, policy, and discipline, our school board is Vacaville Christian School's final authority on the Bible's meaning and application.**

**I have reviewed the statements above and agree to be governed by all the provisions herein.**

**NOTE: MUST BE SIGNED BY BOTH PARENTS**

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Date

Vacaville Christian School, admits students of any race, color, national, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school. It does not discriminate on the basis of race, color, national, or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school administered programs.

**IDENTIFICATION AND EMERGENCY INFORMATION  
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES**

To Be Completed by Parent or Authorized Representative

|  |           |        |       |                             |                             |
|--|-----------|--------|-------|-----------------------------|-----------------------------|
| CHILD'S NAME   | LAST      | MIDDLE | FIRST | SEX                         | TELEPHONE<br>(   )          |
| ADDRESS  | NUMBER    | STREET | CITY  | STATE                       | ZIP                         |
|  |           |        |       |                             | BIRTHDATE                   |
| FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME | LAST      | MIDDLE | FIRST | BUSINESS TELEPHONE<br>(   ) |                             |
| HOME ADDRESS   | NUMBER    | STREET | CITY  | STATE                       | ZIP                         |
|  |           |        |       |                             | HOME TELEPHONE<br>(   )     |
| MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME | LAST      | MIDDLE | FIRST | BUSINESS TELEPHONE<br>(   ) |                             |
| HOME ADDRESS   | NUMBER    | STREET | CITY  | STATE                       | ZIP                         |
|  |           |        |       |                             | HOME TELEPHONE<br>(   )     |
| PERSON RESPONSIBLE FOR CHILD                         | LAST NAME | MIDDLE | FIRST | HOME TELEPHONE<br>(   )     | BUSINESS TELEPHONE<br>(   ) |

**ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY**

| NAME | ADDRESS | TELEPHONE | RELATIONSHIP |
|------|---------|-----------|--------------|
|      |         |           |              |
|      |         |           |              |
|      |         |           |              |
|      |         |           |              |

**PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY**

|           |         |                         |                    |
|-----------|---------|-------------------------|--------------------|
| PHYSICIAN | ADDRESS | MEDICAL PLAN AND NUMBER | TELEPHONE<br>(   ) |
| DENTIST   | ADDRESS | MEDICAL PLAN AND NUMBER | TELEPHONE<br>(   ) |

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

☐

CALL EMERGENCY HOSPITAL

☐

OTHER

EXPLAIN \_\_\_\_\_

**NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY**

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

| NAME | RELATIONSHIP |
|------|--------------|
|      |              |
|      |              |
|      |              |
|      |              |
|      |              |

TIME CHILD WILL BE CALLED FOR

|   |      |
|---|------|
| SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE | DATE |
|---|------|

**TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE**

|                   |           |
|-------------------|-----------|
| DATE OF ADMISSION | DATE LEFT |
|-------------------|-----------|

## Medical Information:

Health Problems: ☐ Asthma ☐ Inhaler ☐ Epi-Pen ☐ Bee Sting ☐ Diabetes ☐ Food Allergy ☐ Heart Condition  
☐ Epilepsy ☐ ADD/ADHD ☐ Other \_\_\_\_\_

If you checked the box to asthma or inhaler, please bring an **Asthma Action Form** from your doctor and bring in a peak flow meter to the school office. If you checked the box to Epi-Pen, please bring in a **FARE Form**.

Allergies (specific): \_\_\_\_\_

If you answered no Inhaler, please give the Medical Treatment Plan you want followed if your child is having an allergic reaction. EMERGENCY RESPONDERS WILL BE CALLED If your child shows extreme signs of distress; difficulty breathing, extreme wheezing, bluish or gray areas around the mouth or fingernails, and cannot walk or becomes unconsciousness.

**MEDICAL TREATMENT PLAN:** \_\_\_\_\_

\_\_\_\_\_

**MEDICAL CONSIDERATIONS:** \_\_\_\_\_

\_\_\_\_\_

Medications taken at home: \_\_\_\_\_

Does your child require medication at school? **Medication is needed at school** None needed at school

**MEDICATIONS USED AT SCHOOL** (please list): \_\_\_\_\_

\_\_\_\_\_

All medications must be in their original container with doctor's instructions for school personnel to administer medication. Please complete the **Medication Authorization Form** for medications to be used during school hours.

## Medical Insurance Information:

Insurer \_\_\_\_\_ Group # \_\_\_\_\_ ID# \_\_\_\_\_

Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Hospital(s) Preferred: \_\_\_\_\_

## Authorization For Medical Treatment:

In the event of an emergency, I authorize VCS personnel to make arrangements for my child to receive medical care, including required transportation. I authorize the physician and/or dentist named above to undertake such care as is considered necessary. In the event the above physician is unavailable, I authorize VCS personnel to arrange for emergency medical care. I agree to assume all costs incurred. I further hold the school harmless for any result of said treatment and assume solely, the financial responsibility for such treatment.

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Name (please print): \_\_\_\_\_



# Vacaville Christian School

[www.Go-VCS.com](http://www.Go-VCS.com)

## Campus Life Photo Notification

### Be a Part of the VCS Story!

At Vacaville Christian School, we love capturing the joy, creativity, and achievements of our students to showcase what makes our school family so special. Your child may be included in photos or videos that highlight the vibrant experiences and memorable moments happening here, such as academic successes, sports, school activities, honors, and special events. These images help us celebrate our amazing students and share the heart of VCS with others.

These highlights may be included in:

- Sharing updates in school newsletters
- Showcasing school spirit on social media
- Creating school brochures and flyers for prospective families
- Celebrating our students through print and multimedia projects

Your child will feel proud to be recognized and celebrated as a vital part of our school family. These moments inspire others and show the heart of VCS to our community!

Rest assured:

We respect your privacy. This permission is only for sharing school-related moments, and you can change your mind anytime by letting us know in writing.

### Photo and Video Permission:

We're excited to share the great moments happening at Vacaville Christian Schools (VCS)! By giving your permission, you allow us to use photos or videos of your child for the purposes outlined above. Thank you for helping us highlight the wonderful things happening in our school community!

Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_





**Vacaville Christian School** does not release information or records regarding your child to organizations or individuals without your consent (except as noted below). However, there are situations where such information may be requested.

To streamline this process, this form serves as a general release for those instances, rather than requiring specific permission each time.

Your consent is required for us to release the information described below. Please check the box for each instance in which you grant consent. You may revoke your consent at any time by providing written notice.

**Room Parent Release**

Allows the school to share your name, phone number, and/or email address with the room parent, who will provide you with information about class parties and activities you may wish to participate in.

**Classmate Connection Authorization**

Allows the school to share your name, phone number, and/or email address with parents in your child's class who request the information for out-of-school activities, such as birthday parties, playdates, or other special events.

**Statement of Consent**

I/We consent to the release of the specified information detailed above to the individuals noted above upon their request. I/We understand that this consent may be revoked by me/us at any time by notifying the Admissions office in writing.

- ☐ Room Parent Release
- ☐ Classmate Connection Authorization

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

For questions, or to withdraw consent, submit a written request to:  
Vacaville Christian School Attn: Admissions , 1117 Davis St., Vacaville 95688, or Email us at:  
[Admissions@Go-VCS.com](mailto:Admissions@Go-VCS.com). Include your name, child's name, and specific details of the opt-out request.





## Preschool Parent & Student Handbook Acknowledgement

**Student's Name:** \_\_\_\_\_

Please read through the VCS Parent & Student Handbook from the VCS website, <http://www.go-vcs.com/parenthand-books>, read the following statements carefully and sign below to indicate your agreement.

I hereby affirm that I have read the Student Handbook and have discussed its policies with my student. I certify that I consent to and will submit to all governing policies of the school, including all applicable policies in the Student Handbook. I understand that the standards of the school do not tolerate profanity, obscenity in words or actions, dishonor to the Holy Trinity and the Word of God, disrespect to the personnel of the school, or continued disobedience to the established policies of the school.

Our Preschool is a state licensed facility and we work with Community Care Licensing to ensure the health and safety of every child in our care. We work with our CCL analyst to be sure we are in compliance with Title 22 regulations and we fully cooperate with them as they exercise their inspection authority specified in Health and safety Code Sections 1596.852, 1596.853 and 1596.8535. CCL conducts yearly inspections of our facility and will thoroughly investigate any complaint they receive. In the event they are conducting an investigation, CCL analysts may interview staff, students or parents. Private student interviews would take place here in our facility and assisted by our supervising staff or directors. If an analyst chooses to call you as a parent, they will use the phone number you have listed with us.

I understand that the services of the school are engaged by mutual consent, and that either the school or I reserve the right to terminate any or all services at any time (subject to the schools financial withdrawal guidelines). I understand that this handbook does not contractually bind Vacaville Christian Schools and is subject to change without notice by decision of Vacaville Christian Schools. Admission to the school is a privilege, not a right, and admission for one school year does not guarantee automatic admission for future school years. I hereby affirm that I have read the Student Handbook. I certify that I consent to, and will submit to all governing policies of the school, including all applicable policies in the Student Handbook.

I understand that admission to the school is a privilege, not a right, and that any behavior, either on or off campus, which is not consistent with the school's standards could result in the loss of that privilege.

NOTE: MUST BE SIGNED BY BOTH PARENTS

\_\_\_\_\_  
Signature of Father/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mother/Legal Guardian

\_\_\_\_\_  
Date



# Vacaville Christian School

[www.Go-VCS.com](http://www.Go-VCS.com)

1117 Davis Street  
Vacaville, CA 95687  
707.446.1776

## Grandparents Information Sheet

Throughout the year, VCS hosts many special events. We would like to invite the Grandparents of your student to join us for these events. Please provide us with their address, phone number and email address.

Name of Grandchild: \_\_\_\_\_ Grade: \_\_\_\_\_

Grandfather's First Name: \_\_\_\_\_ Grandfather's Last Name: \_\_\_\_\_

Grandmother's First Name: \_\_\_\_\_ Grandmother's Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Grandfather's First Name: \_\_\_\_\_ Grandfather's Last Name: \_\_\_\_\_

Grandmother's First Name: \_\_\_\_\_ Grandmother's Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_



# Vacaville Christian School

[www.Go-VCS.com](http://www.Go-VCS.com)

## Educator Evaluation Survey Preschool Applicants

Dear Educator, Childcare Provider or Administrator,

\_\_\_\_\_ has applied for admission to \_\_\_\_\_ grade

at Vacaville Christian School. Your candid evaluation of the student is appreciated.

We appreciate your time and participation as this is a requirement for admission.

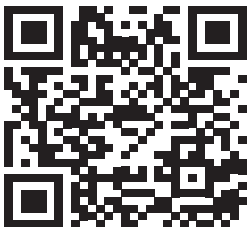
The school is requesting that you complete a survey for this student by using the QR code below, or by logging in to this link: <https://forms.gle/DMLjp8bFtAcF3jcF9>

To use the QR code: 1. Open the camera app on your phone. 2. Focus the camera on the QR code by gently tapping the code. 3. Follow the instructions on the screen to complete the action.

If you have any questions, please contact:

Vacaville Christian School Admissions office:  
707-446-1776  
[admissions@go-vcs.com](mailto:admissions@go-vcs.com)

QR Code for Form:



To the Parent: Please PRINT all information in this section, then give this form to a current teacher, childcare provider or administrator to complete the survey. This survey will not be disclosed to the parents.

Student's Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_

Parent Name: \_\_\_\_\_



# Vacaville Christian School

[www.Go-VCS.com](http://www.Go-VCS.com)

## Preschool Ages and Stages Questionnaire

Dear Parent,

Thank you for your interest in Preschool at VCS! As you probably already know, partnering together is extremely important to us, as I imagine it is to you too. Your child's first 5 years of life are the most crucial to their development and we want to help you provide the best start for your child. We strive to provide the best education and care for your child through loving and educated staff, rich learning experiences and by partnering with you.

You know your child best. So, before your child starts school here, we would love to learn about their strengths and to know how to best support your child. One of the ways we would like to do this is to invite you to participate in an Ages & Stages Questionnaires®: Social Emotional, Second Edition (ASQ:SE-2™) and an Ages & Stages Questionnaires®: Third Edition (ASQ-3™). These are online screenings to provide a quick check of your child's development. You will be asked to answer questions about some of your child's abilities and behaviors. The questionnaires include questions about your child's ability to perform daily activities (e.g. eating, sleeping, playing), take direction and follow rules, communicate, calm down, act independently, demonstrate feelings, and interact with others.

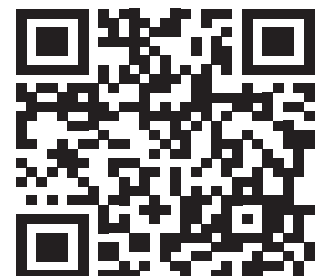
Each screening should take approximately 10-15 minutes to complete. Generally, parents agree that these are fun to do and that they help them learn what kind of activities are encouraged for each of their child's developmental stages.

Please access the screenings by using the link below and choose the option to complete both screenings.

<https://asqonline.com/family/51bdc3>

Thank you so much for your participation and partnership! I look forward to learning more about your child and I can't wait to meet you!

Stephanie Yamato  
Preschool Director  
Phone: (707)724-6261  
[stephanie.yamato@go-vcs.com](mailto:stephanie.yamato@go-vcs.com)





# Vacaville Christian School

[www.Go-VCS.com](http://www.Go-VCS.com)

## Parent & Student Biblical Worldview Survey

Dear Parent of Applicant,

VCS is requesting that you complete this Parent Biblical Worldview Survey by using the QR code below, or by logging in to this link: <https://forms.gle/Xhiq1VT95GTe32dy6>

To use the QR code: 1. Open the camera app on your phone. 2. Focus the camera on the QR code by gently tapping the code. 3. Follow the instructions on the screen to complete the action.

**\*\*This survey is required for admission.**



Dear Student:

**(6th through 12th Grades Only)**

To complete the Student Biblical Worldview Survey, please use the QR code below or log in to this link: <https://forms.gle/BdrFuDto5YX1NQQW9>

**\*\*This survey is required for admission.**



**PHYSICIAN'S REPORT—CHILD CARE CENTERS**  
(CHILD'S PRE-ADMISSION HEALTH EVALUATION)**PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)**

\_\_\_\_\_, born \_\_\_\_\_, is being studied for readiness to enter  
(NAME OF CHILD) (BIRTH DATE)

\_\_\_\_\_. This Child Care Center/School provides a program which extends from \_\_\_\_\_ : \_\_\_\_\_  
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to \_\_\_\_\_ a.m./p.m. , \_\_\_\_\_ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

\_\_\_\_\_  
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

\_\_\_\_\_  
(TODAY'S DATE)

**PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)**

Problems of which you should be aware:

Hearing: \_\_\_\_\_ Allergies/medicine: \_\_\_\_\_

Vision: \_\_\_\_\_ Insect stings: \_\_\_\_\_

Developmental: \_\_\_\_\_ Food: \_\_\_\_\_

Language/Speech: \_\_\_\_\_ Asthma: \_\_\_\_\_

Dental: \_\_\_\_\_

Other (Include behavioral concerns): \_\_\_\_\_

Comments/Explanations: \_\_\_\_\_

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: \_\_\_\_\_

**IMMUNIZATION HISTORY:** (Fill out or enclose California Immunization Record, PM-298.)

| VACCINE   | DATE EACH DOSE WAS GIVEN |     |     |     |     |
|---|--------------------------|-----|-----|-----|-----|
|   | 1st                      | 2nd | 3rd | 4th | 5th |
| POLIO (OPV OR IPV)  | / /                      | / / | / / | / / | / / |
| DTP/DTaP/<br>DT/Td (DIPHTHERIA, TETANUS AND<br>[ACELLULAR] PERTUSSIS OR TETANUS<br>AND DIPHTHERIA ONLY) | / /                      | / / | / / | / / | / / |
| MMR (MEASLES, MUMPS, AND RUBELLA)   | / /                      | / / |     |     |     |
| (REQUIRED FOR CHILD CARE ONLY)  |                          |     |     |     |     |
| HIB MENINGITIS (HAEMOPHILUS B)  | / /                      | / / | / / | / / |     |
| HEPATITIS B   | / /                      | / / | / / |     |     |
| VARICELLA (CHICKENPOX)  | / /                      | / / |     |     |     |

**SCREENING OF TB RISK FACTORS** (listing on reverse side)

- ☐ Risk factors not present; TB skin test not required.
- ☐ Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
- \_\_\_ Communicable TB disease not present.

I have ☐ have not ☐ reviewed the above information with the parent/guardian.

Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Physical Exam: \_\_\_\_\_

Date This Form Completed: \_\_\_\_\_

Signature \_\_\_\_\_

☒ Physician ☒ Physician's Assistant ☒ Nurse Practitioner

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**RISK FACTORS FOR TB IN CHILDREN:**

- \* Have a family member or contacts with a history of confirmed or suspected TB.
  - \* Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
  - \* Live in out-of-home placements.
  - \* Have, or are suspected to have, HIV infection.
  - \* Live with an adult with HIV seropositivity.
  - \* Live with an adult who has been incarcerated in the last five years.
  - \* Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
  - \* Have abnormalities on chest X-ray suggestive of TB.
  - \* Have clinical evidence of TB.
- 

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.



**CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT**

|  |  |            |
|--|--|------------|
| CHILD'S NAME   | SEX  | BIRTH DATE |
| FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME                  | DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD? |            |
| MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME                  | DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD? |            |
| IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN? | DATE OF LAST PHYSICAL/MEDICAL EXAMINATION                      |            |

**DEVELOPMENTAL HISTORY** (\*For infants and preschool-age children only)

|            |                   |                             |
|------------|-------------------|-----------------------------|
| WALKED AT* | BEGAN TALKING AT* | TOILET TRAINING STARTED AT* |
| MONTHS     | MONTHS            | MONTHS                      |

**PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:**

|  | DATES |   | DATES |  | DATES |
|--|-------|---|-------|--|-------|
| <input type="checkbox"/> Chicken Pox     |       | <input type="checkbox"/> Diabetes       |       | <input type="checkbox"/> Poliomyelitis               |       |
| <input type="checkbox"/> Asthma          |       | <input type="checkbox"/> Epilepsy       |       | <input type="checkbox"/> Ten-Day Measles (Rubeola)   |       |
| <input type="checkbox"/> Rheumatic Fever |       | <input type="checkbox"/> Whooping cough |       | <input type="checkbox"/> Three-Day Measles (Rubella) |       |
| <input type="checkbox"/> Hay Fever       |       | <input type="checkbox"/> Mumps          |       |  |       |

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

|  |                        |   |
|--|------------------------|---|
| DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO | HOW MANY IN LAST YEAR? | LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF |
|--|------------------------|---|

**DAILY ROUTINES** (\*For infants and preschool-age children only)

|   |                                  |  |
|---|----------------------------------|--|
| WHAT TIME DOES CHILD GET UP?*                                   | WHAT TIME DOES CHILD GO TO BED?* | DOES CHILD SLEEP WELL?*  |
| DOES CHILD SLEEP DURING THE DAY?*                               | WHEN?*                           | HOW LONG?*   |
| DIET PATTERN:<br>(What does child usually eat for these meals?) | BREAKFAST<br>LUNCH<br>DINNER     | WHAT ARE USUAL EATING HOURS?<br>BREAKFAST _____<br>LUNCH _____<br>DINNER _____ |

|  |                          |  |                      |
|--|--------------------------|--|----------------------|
| ANY FOOD DISLIKES?                                       | ANY EATING PROBLEMS?     |  |                      |
| IS CHILD TOILET TRAINED?*                                | IF YES, AT WHAT STAGE*   | ARE BOWEL MOVEMENTS REGULAR?*                            | WHAT IS USUAL TIME?* |
| <input type="checkbox"/> YES <input type="checkbox"/> NO |                          | <input type="checkbox"/> YES <input type="checkbox"/> NO |                      |
| WORD USED FOR "BOWEL MOVEMENT"*                          | WORD USED FOR URINATION* |  |                      |

PARENT'S EVALUATION OF CHILD'S HEALTH

|  |                         |  |   |
|--|-------------------------|--|---|
| IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?                | IF YES, NAME OF DOCTOR: | DOES CHILD TAKE PRESCRIBED MEDICATION(S)?                | IF YES, WHAT KIND AND ANY SIDE EFFECTS: |
| <input type="checkbox"/> YES <input type="checkbox"/> NO |                         | <input type="checkbox"/> YES <input type="checkbox"/> NO |   |
| DOES CHILD USE ANY SPECIAL DEVICE(S):                    | IF YES, WHAT KIND:      | DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?            | IF YES, WHAT KIND:                      |
| <input type="checkbox"/> YES <input type="checkbox"/> NO |                         | <input type="checkbox"/> YES <input type="checkbox"/> NO |   |

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

|                    |      |
|--------------------|------|
| PARENT'S SIGNATURE | DATE |
|--------------------|------|

## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

### PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Community Care Licensing - Santa Rosa

Licensing Office Address: 1450 Neotomas Avenue, Ste. 100 Santa Rosa, CA 95405

Licensing Office Telephone #: (707) 588-5026

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

**NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.**

**For the Department of Justice "Registered Sex Offender" database, go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)**

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

### ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of \_\_\_\_\_, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Vacaville Christian Schools  
Name of Child Care Center

\_\_\_\_\_  
Signature (Parent/Authorized Representative)

\_\_\_\_\_  
Date

**NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.**

**For the Department of Justice "Registered Sex Offender" database go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)**

**PERSONAL RIGHTS****Child Care Centers**

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in their personal relationships with staff and other persons.
  - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet their needs.
  - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
  - (4) To be informed, and to have their authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
  - (5) To be free to attend religious services or activities of their choice. Attendance at religious services, either in or outside the facility, shall be voluntary. In Child Care Centers, decisions concerning attendance at religious services shall be made by the child's authorized representative.
  - (6) Not to be locked in any room, building, or facility premises by day or night.
  - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

Community Care Licensing - Santa Rosa Regional Office

ADDRESS

1450 Neotomas Avenue, Suite 100

CITY

Santa Rosa

ZIP CODE

95405

AREA CODE/TELEPHONE NUMBER

707-588-5020

DETACH HERE

**TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:**

**PLACE IN CHILD'S FILE**

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

**ACKNOWLEDGMENT:** I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

Vacaville Christian Early Education Preschool

(PRINT THE ADDRESS OF THE FACILITY)

1117 Davis St., Vacaville, CA 95687

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)