

VICTORY CHRISTIAN PRESCHOOL & ACADEMY  
14747 Arizona Ave, Woodbridge, VA 22191 ~ www.vcmi-va.org  
Business: (703) 491-7100 ~ Fax: (703) 490-8489 ~ Hours: 6:15am-6:30pm

**(Victory Christian Preschool & Academy-aka- VCP&A)**

**PARENT CONTRACT ~ TO BE COMPLETED BY PARENT(S) OR GUARDIAN- (Parent must initial each item)**

I agree to notify VCP&A with emergency plans if I am going to be late picking up my child (ren). \_\_\_\_\_

I agree to arrange for the necessary physical examination and Immunizations for my child prior to enrollment and I will provide updated immunization reports as required thereafter. \_\_\_\_\_

I agree to pick up, or arrange to have my child picked up, as soon as possible, when notified that he or she develops symptoms of a communicable disease, an oral or armpit temperature of 101 degrees Fahrenheit, or recurring vomiting or diarrhea. Children must remain fever free for 24 hours before returning to the academy. **(I also agree to inform VCP&A within 24 hours or the next business day after my child or any member of the immediate household has developed any reportable communicable diseases, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.)** \_\_\_\_\_

I understand that in case of an emergency due to illness, VCP&A Director or Assistant Director will contact the parent(s) or guardian. If the parent(s) or guardian is not available or cannot be reached, the Director will notify the designated emergency contact to pick up the child. \_\_\_\_\_

I authorize VCP&A to obtain immediate medical care for my child if an emergency occurs and neither I nor the guardian can be located immediately. I authorize VCP&A to provide or arrange for emergency transportation to Potomac Hospital or the nearest hospital if an emergency occurs and I cannot be immediately located. \_\_\_\_\_

I understand that authorized staff of VCP&A may give non-prescription medication only as directed by the instructions on the original container and with my written consent. I further understand that the non-prescription medication must be age appropriate in dosage administration. I understand that authorized staff of VCP&A may give prescription medication only as directed by the authentic prescription label and with written consent from both myself and the physician. \_\_\_\_\_

I understand that authorization for field trips will be given through the signing of the Field Trip Permission Form each school and summer term. \_\_\_\_\_

**I have read the Finance Agreement, Parent & Center Contract, and Parent Handbook. After my full application packet has been submitted I can receive a copy of these documents only upon requesting them in writing. I have read the policies and procedures and understand their application to my child.** \_\_\_\_\_

I will support & reinforce academy rules and procedures that concern the health & safety of my child and other children. I have read and understand the alternative behavior methods listed on pgs.18 & 19 of the Preschool Handbook. \_\_\_\_\_

I understand that any garments or items, including curriculums, left in our academy after my child has been withdrawn from VCP&A will be discarded after 14 days (two weeks). \_\_\_\_\_

I understand that my child must have an approved car seat in excellent **clean** condition before he/she can be transported in VCP&A vans. \_\_\_\_\_

I understand that VCP&A has a dress code policy of **Navy Blue bottom; White or Blue uniform top and dark rubber sole shoes (no sneakers, no jeans)**. I agree to dress my child according to the dress code policy. I further understand that my child's uniform must be clean, with no holes and wrinkle free. **(Preschool have casual dress on Fridays)**. \_\_\_\_\_

K5 and upper grade level dress casual on the 2<sup>nd</sup> and 4<sup>th</sup> Fridays only. I understand that I will be required to bring my child's uniform to school if not worn on uniform days. I further understand that if my child violates the dress code 2 (two) times, he/she will not be able to dress down during that month. \_\_\_\_\_

WHEREFORE, the parties have signed on the day and year below indicating that they accept the terms of this contract.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
VICTORY CHRISTIAN PRESCHOOL & ACADEMY Director

\_\_\_\_\_  
Date