

# Vista Christian School

## Enrollment Application

School Year 2026-2027



NAME OF PERSON OR FAMILY WHO REFERRED YOU: \_\_\_\_\_

Are you an employee of Vista Assembly Church? \_\_\_\_\_ part-time \_\_\_\_\_ full-time

Are you an employee of Vista Christian School? \_\_\_\_\_ part-time \_\_\_\_\_ full-time

Student's Name: \_\_\_\_\_  
Last First M.I.

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M\_\_ F\_\_ Grade applying for: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Home Phone: \_\_\_\_\_ Best Daytime Phone: \_\_\_\_\_

### Student's home address above is also the address of:

\_\_\_Father \_\_\_Stepfather \_\_\_Other

Name \_\_\_\_\_

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

Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Primary # \_\_\_\_\_

E-mail address \_\_\_\_\_

Need to receive school mailings? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_Mother \_\_\_Stepmother \_\_\_Other

Name \_\_\_\_\_

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

Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Primary # \_\_\_\_\_

E-mail address \_\_\_\_\_

Need to receive school mailings? Yes \_\_\_\_\_ No \_\_\_\_\_

### \* OTHER PARENTS WITH JOINT CUSTODIAL RIGHTS\*

\_\_\_Father \_\_\_Stepfather \_\_\_Other

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Primary # \_\_\_\_\_

E-mail address \_\_\_\_\_

Need to receive school mailings? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_Mother \_\_\_Stepmother \_\_\_Other

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Primary # \_\_\_\_\_

E-mail address \_\_\_\_\_

Need to receive school mailings? Yes \_\_\_\_\_ No \_\_\_\_\_

### Previous School Information

School Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone# \_\_\_\_\_

### Sibling Information (3-18 yrs.)

### Sibling Attends VCS?

Name \_\_\_\_\_ Age \_\_\_\_\_  Yes  No

Name \_\_\_\_\_ Age \_\_\_\_\_  Yes  No

Name \_\_\_\_\_ Age \_\_\_\_\_  Yes  No

Name \_\_\_\_\_ Age \_\_\_\_\_  Yes  No

### CHURCH INFORMATION

Name of Church now regularly attending: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_

How long have you attended this church? \_\_\_\_\_

Parent/ Guardian Profession of Faith:

I/We have accepted Jesus Christ as Lord and Savior

I/We have not yet made this commitment.

Please describe your family's faith journey and your hopes for partnering with our school in your child's spiritual growth: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you are looking for a church in this area, please visit Vista Assembly of God any Sunday at 9:30 a.m. For more information, check out the VAG website at [www.vistafirst.org](http://www.vistafirst.org).

## STUDENT PROFILE

Answers to these questions will not necessarily result in a non-acceptance.

Yes  No 1) Has student ever been suspended or expelled from school?

Yes  No 2) Does student have any physical impairment?

Yes  No 3) Has student ever received professional counseling?

Yes  No 4) Does student have any known or suspected learning disabilities?

Yes  No 5) Has the student previously received special educational services?

Yes  No 6) Does student require any additional academic support or in-class modification?

Yes  No 7) Has student ever consumed alcohol or illegal drugs?

If you responded yes to any of the above questions, please describe/explain:

\_\_\_\_\_

Medications taken regularly: \_\_\_\_\_

Unusual factors in student's life and/or home situation: \_\_\_\_\_

\_\_\_\_\_

\*\*Is there any court order in effect limiting the presence of, or removal of, student by any person or persons during school hours? Yes  No

Please explain briefly: \_\_\_\_\_

\_\_\_\_\_

Documentation must be provided at enrollment.

\*\*In order for VCS to implement any conditions of the above said order, a copy must be in the student's file. Information is confidential and is necessary to implement and protect all persons affected.

Emergency Contact (other than parent): \_\_\_\_\_

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

The tuition at VCS is based on a yearly fee. For your convenience, **tuition is divided into ten monthly payments, without regard to vacation and holidays and does not correspond directly with the months of the school year.** Please refer to the financial information sheet for current tuition fees.

Tuition and Extended Care fees are due in the school office by the 1<sup>st</sup> of each month. **Monthly invoices are sent home only when fees are delinquent.** Payments are late after the 9<sup>th</sup> of the month. A late fee of \$30.00 is added to all late tuition payments. A 10% late fee will be assessed on all late Extended Care fees and will be reapplied each month the bill goes unpaid. \_\_\_\_\_ Initial here.

If you expect to be late with the Tuition or Extended Care fees, you will be expected to contact the school office as soon as possible.

If your Tuition account is past due for a second month, your child will be dismissed from attending class. The child will not be re-admitted to class until the account is resolved. \_\_\_\_\_ Initial here. Extended Care services will be revoked for those who are 2 months behind in payment. \_\_\_\_\_ Initial here. Report cards may be held in the office on overdue accounts until fees have been paid or acceptable payment arrangements made. If your account has reached this point and successful payment arrangements have not been made, your account may be referred to a collection agency.

By March 1, all past accounts must be balanced to maintain priority registration for the following year and to release your child's report card. Any re-enrollment registration money paid will be applied to past due accounts first. Re-enrollment will be reviewed and considered once your account is up to date.

Discount to Vista Assembly of God Tithing Church Members: Contact the church office (760-724-7099) to request membership information or confirmation of membership. Sign the appropriate places on the registration/enrollment form for the school. Attendance and giving records will be reviewed on a regular basis to continue the 20% VAG tithing member discount.

**VISTA ASSEMBLY OF GOD – CHURCH MEMBERSHIP**

I wish to apply for the church membership discount. I have reviewed the qualifications and meet the requirements. I understand church membership will be verified with the church office prior to receiving discount. I will be notified if I do not qualify.

Signed: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Signed: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

## **SPIRITUAL COMMITMENT & ALIGNMENT**

### Core Beliefs (Summary)

1. The Bible is the inspired and authoritative Word of God.
2. There is one true God – Father, Son, and Holy Spirit.
3. Jesus Christ is the Son of God, whose death and resurrection provide salvation.
4. Salvation is received through repentance and faith in Christ.
5. Believers are empowered by the Holy Spirit for Christian living.
6. The Church is the Body of Christ, called to worship, evangelism, and service.

### Acknowledgement:

\_\_\_ I/We understand that my/our child/children will be taught according to the Scriptures, the beliefs and practices of the Assemblies of God.

\_\_\_ I/We support the school's mission to integrate biblical truth into all areas of learning.

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

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

\*\*\*REQUIRED INFORMATION AND SIGNATURE\*\*\*

VISTA CHRISTIAN SCHOOL FINANCIAL CONTRACT AGREEMENT

As the parents/guardians of \_\_\_\_\_ I/we have read this tuition policy page and agree to abide by it. I/we understand my child is not enrolled at VCS until completed enrollment forms are returned, accompanied by registration and book fees, and the registrar has accepted proof of immunizations. Once testing and all appropriate forms are completed and reviewed, my enrollment packet will be considered for approval by the administration.

It is agreed that the registration fee is to be paid in full at the time of enrollment. When enrolling two or more children, a request may be made for registration fees to be allocated into payments. Failure to follow the payment schedule will result in late fees being applied to the registration amounts and/ or may jeopardize class placement. Contact the office to request and discuss arrangements.

\_\_\_\_\_ Initial here. It is further understood that unless paid in full, the yearly tuition fee will be a monthly payment plan of 10 equal payments, due the 1<sup>st</sup> of each month. I understand this is a payment plan and does not correspond directly with the months in the school year. **Monthly payments begin August 1, 2026, and finish on May 1, 2027.** It is understood these fees are due on the 1<sup>st</sup> of the month and are considered late after the 9<sup>th</sup> of each month. **If paid after the 9<sup>th</sup> of the month,** a late fee of \$30.00 will be added to my account. Likewise, a 10% late fee will be assessed to any Extended Care charges not paid by the 9<sup>th</sup> of the month.

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

For tuition purposes, we rate the oldest child at the 1<sup>st</sup> child rate and all others at the multiple rates. Military and other discounts will be given at the time of enrollment. You may qualify for more than one discount; however, tuition may not be discounted more than a total of 20% when applying for multiple discounts. Verification will be required for all discounts given.

**PAYOR INFORMATION**

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

S.S. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-Mail: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

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

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

**\*\*\*Required Information: Please Read & Sign\*\*\***

**PARENT'S AGREEMENT**

**Please read carefully, sign, and return with enrollment forms.**

**Parent's Declaration**

1. I have received and read, understand and agree to, the policies outlined in these forms.  
\_\_\_\_\_Initial.
2. I have shared appropriate information from these forms and the student handbook with my child(ren) regarding school rules and procedures. \_\_\_\_\_Initial.
3. I have read the Statement of Faith of VAG/VCS and have read the Parent/Student Handbook and agree to support both.
4. I authorize the staff of VCS to provide first aid and to secure emergency medical care for my child should it be necessary.
5. I will notify the school office in case of emergency, change of address, telephone, or place of employment.
6. I will give a two-week written notice if I withdraw my child from school.
7. I give permission for my child to participate in all VCS sponsored off-campus field trips.
8. I will contact VCS immediately if I am unable to make my monthly tuition payment on time.  
\_\_\_\_\_Initial.
9. In the event my child needs discipline at school, I will support the teachers and administration. I will pick up my child promptly should the Principal make that request.  
\_\_\_\_\_Initial.
10. In the event a problem arises which cannot be solved to the satisfaction of either party, this contract will become void and a two-week notice will be given for the dismissal of any child.
11. In regard to marriages which have been separated or terminated, both parties agree to communicate all pertinent school & class information between one another and to not hold VCS responsible to inform each party individually. \_\_\_\_\_Initial.
12. I agree to supply any pertinent information regarding custody, visitation, or other related issues to the school and agree to hold harmless the school in attempting to uphold orders. If paperwork is not present, I also agree to hold harmless the school from issues regarding custody due to lack of information to uphold.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

## STUDENT BEHAVIORAL & LIFESTYLE COMMITMENT

As a student of VISTA CHRISTIAN SCHOOL, I recognize I have the privilege of attending a Christ-centered school and acknowledge this truth should be self-evident in my classroom, on the playground, and in my personal demeanor.

Students at our school are expected to pursue Christlike character.

- Show respect for peers, teachers, and authority.
- Demonstrate honesty, kindness, and self-control.
- Refrain from bullying, profanity, fighting, or disruptive behavior.
- Honor biblical standards of conduct both on and off campus.
- Adhere to the Parent/Student Handbook.

### **STUDENT COMMITMENT (Grades 4-8):**

I agree to follow the school's behavioral expectations and to treat others in a way that honors Christ.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I affirm I have read and discussed these standards with my child.

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



290 North Melrose, Vista, CA 92083

## Model/Photo Release Form

I, \_\_\_\_\_ hereby grant VCS contracted photographer, his/her legal representatives and assigns (including but not limited to), clients, publications and agencies, irrevocable permission to publish in any manner, including (but not limited to) calendars, advertisements, periodicals and greeting cards. I will hold harmless the VCS contracted photographer and his/her legal assigns and representative, from any liability by virtue of distortion or alteration, unless it can be proven that such alterations and or distortions were done with malicious intent.

### Student Information

Student Name: \_\_\_\_\_

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

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

### Release for Parent/Guardian of Minor Child

I do attest that I am the parent or legal guardian of the above-named minor child, and have legal authority to sign this release on his/her behalf. I have read and fully understand the contents of this release, and consent to the use of said photographs based on the contents thereof.

Parent/Legal Guardian Name: \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ (check) My child is **NOT permitted** to be photographed by V.C.S.

\_\_\_\_\_ Signature

### Release for Student over the age of 18

I have read and fully understand the contents of this release. I declare that I am over the age of 18 years and am fully competent to sign this release on my own behalf.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_



290 North Melrose, Vista, CA 92083

## STUDENT BACKGROUND FORM

Last Name	First	Middle	M/F	Grade	Birthdate
Parents/Guardian	Street Address	City	ST	ZIP	
Home Phone	Father's Work Phone	Mother's Work Phone			
Birthplace (city/state/country)	Cell Phone #	E-mail			

### Parent Education Level (Circle One for Father and One for Mother)

- |                    |                     |                          |
|--------------------|---------------------|--------------------------|
| 1. Not HS Graduate | 3. Some College     | 5. Grad School/Post Grad |
| 2. HS Graduate     | 4. College Graduate | 6. Decline to State      |

### Home Language Survey

1. What language did student learn when he/she first began to talk? \_\_\_\_\_
2. What language does student use most frequently at home? \_\_\_\_\_
3. What language do you use most frequently with student? \_\_\_\_\_
4. What language is most often spoken by the adults living in the home? \_\_\_\_\_

### Student's Ethnic Background (Circle One):

Not Hispanic or Latino                      Hispanic or Latino

### Student's Race (Circle one or more regardless of ethnicity):

American Indian/Alaskan Native                      Black/African-American                      White  
Asian/East Indian \*Circle One (Chinese, Japanese, Korean, Vietnamese, Filipino, Asian Indian, Laotian  
Cambodian, Hmong, Other Asian)  
Pacific Islander \*Circle One (Hawaiian, Guamanian, Samoan, Tahitian, Other Pacific Islander)

### Preschool Information (Circle One)

Family Child Care                      Fee-for-Service/Private Preschool                      Did not Attend Preschool  
Was your child's preschool                      Half Day                      Full Day  
How long did your child attend? \_\_\_\_\_

### School History

504                      Yes                      No  
Special Education                      Yes                      No  
If yes, what program \_\_\_\_\_

Do you have a copy of the IEP/504?                      Yes (Date \_\_\_\_\_)                      No

### Military Background

Are one or both parents active military?                      Yes                      No

Signature

Date

THANK YOU FOR FILLING OUT THIS FORM COMPLETELY

## ADMISSIONS ~ VISTA CHRISTIAN SCHOOL

### ENROLLMENT CHECK LIST

To be completed by Parent/Guardian

#### Kindergarten

**Documents Needed Check List:**

- Copy of the child's birth certificate—**must be 5 years by September 1<sup>st</sup>**
- Current record of required immunizations or Exempt Form signed by doctor
- Copy of custody papers if applicable

**Admission Forms:**

- Application Form
- Parent and Student Agreement Forms/Student Background Form
- Student Handbook Form (found in the back of the Student Handbook)

**Admission Costs:**

- Registration Fee
- Book Fee

#### Grades 1-8

**Documents Needed Check List:**

- Current record of required immunizations-Visit [Shotsforschools.org](http://Shotsforschools.org) for further information  
**Or Medical Exemption signed by Doctor and approved via CAIR ME website-  
cair.cdph.ca.gov**
- Proof of Tdap & 2 Varicella vaccines required before start of school (**7<sup>th</sup> grade only**)
- Copy of 1<sup>st</sup> Grade Health Form (**1<sup>st</sup> grade only**)
- Copy of custody papers if applicable
- Pastoral reference form (**Grades 4-8 only**)
- Copy of final report card and exit records from previous school

**Admission Forms:**

- Application Form
- Parent and Student Agreement Forms/Student Background Form
- Student Handbook Form (found in the back of the Student Handbook)

**Admission Costs:**

- Registration Fee
- Book Fee

Thank you for applying to Vista Christian School. We look forward to partnering with your family in Christian education.

