VINEYARD CHRISTIAN SCHOOL

Family • God • Education

Admission Information

15310 Huebner Rd. • San Antonio, TX 78248 210-479-5853 • www.vcssa.org • info@vcssa.com

2025 – 2026 Academic Year

Director's Name: _____

Student's Information

Last Name	First Name	Middle Initial	Grade/Group	Date of Admission Ex. 04/23/2001
				/ /

Ethnicity ☐Caucasian ☐Hispanic ☐African-American ☐Asian/Pacific ☐American Indian ☐Other _____

Date of Birth Ex. 04/23/2001	Social Security Number	Gender ☐Male ☐Female	Home Telephone No.
/ /			

Street Address	City	State	Zip Code

Student Lives With? ☐Both Parents ☐Mom ☐Dad ☐Guardian	Custody Documents on File? ☐Yes ☐No	Date of Withdrawal Ex. 04/23/2001
		/ /

Parent/Guardian 1 Information

Last Name	First Name	Middle Initial

Street Address (*if different from child's address*)	City	State	Zip Code

Social Security Number	Occupation	Employer

List telephone numbers below where parent/guardian may be reached while student will be in VCS care:

Home Telephone No.	Work Telephone No.	Cell Phone No.	Email

Ethnicity ☐Caucasian ☐Hispanic ☐African-American ☐Asian/Pacific ☐American Indian ☐Other _____

Parent/Guardian 2 Information

Last Name	First Name	Middle Initial

Street Address (*if different from child's address*)	City	State	Zip Code

Social Security Number	Occupation	Employer

List telephone numbers below where parent/guardian may be reached while student will be in VCS care:

Home Telephone No.	Work Telephone No.	Cell Phone No.	Email

Ethnicity ☐Caucasian ☐Hispanic ☐African-American ☐Asian/Pacific ☐American Indian ☐Other _____

Other adults living at home with the family: _____/relationship _____

_____/relationship _____

Sibling Information

Name of sibling attending VCS	Grade	Name of sibling attending VCS	Grade

Student Pickup Authorization

*I hereby authorize VCS to allow my child to leave VCS **ONLY** with the following persons. Please list name & telephone number of each. Student will only be released to a parent or a person designated by the parent/guardian after verification of ID.*

Full Name	Relationship	Telephone No.
Full Name	Relationship	Telephone No.
Full Name	Relationship	Telephone No.

Agreements

Transportation: I hereby ☐give ☐do no give – consent for my child to be transported and supervised by the operation's employees:

☐for emergency care ☐on field trips ☐to and from home ☐to and from school

Extended Care Service:

☐Mondays

☐Tuesdays

☐Wednesdays

☐Thursdays

☐Fridays

☐Before school (7:00 am – 8:15 am)

☐After school (4:00 pm – 6:00 pm)

Web and Media:

Throughout the school year, students may be highlighted in efforts to promote VCS activities and achievements. No full names of students are ever to be used on the Internet in conjunction with pictures and videos.

We will not re-use any photographs or recordings a year after your child leaves this school. Historic photographs will remain on our school website and social media feeds.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing or by email.

☐**I give** my consent for my child's photography and video to be used by VCS for advertising on any electronic media outlet, print media outlet, and internet.

☐**I do not give** my consent for my child's photography and video to be used by VCS for advertising on any electronic media outlet, print media outlet, and internet.

By signature below, I release VCS, employees or other representatives from any liabilities, known or unknown, arising out of the use of this material.

Signature – Parent or Legal Guardian

Date

Receipt of Written Operational Policies

I acknowledge receipt of the facility's operational policies, including those for (Check all that apply).

- ☐ Discipline and guidance
- ☐ Suspension and expulsion
- ☐ Emergency plans
- ☐ Procedures for conducting health checks
- ☐ Procedures for parents to discuss concerns with Admin.
- ☐ Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions
- ☐ Procedures for release of children
- ☐ Illness and exclusion criteria
- ☐ Procedures for dispensing medications
- ☐ Immunization requirements for children
- ☐ Meals and food service practices
- ☐ Procedures for supporting inclusive services
- ☐ Procedures for parents to participate in operation activities

Student's Special Care Needs

- ☐ Environmental allergies
- ☐ Food intolerances
- ☐ Existing illness
- ☐ Previous serious illness
- ☐ Injuries and hospitalizations (past 12 months)
- ☐ Other: _____
- ☐ Limitations or restrictions on child's activities
- ☐ Reasonable accommodations or modifications
- ☐ Adaptive equipment (include instructions below)
- ☐ Symptoms or indications of complications
- ☐ Medications prescribed for continuous long-term use

Explain any needs selected above:

_____

_____

_____

Does the student have diagnosed food allergies? ☐ Yes ☐ No Food Allergy Emergency Plan Submitted Date: _____

Birth Certificate

I acknowledge that a physical copy of my child's birth certificate is required for inclusion in their school file.

☐ I will include with this application a copy of my child's Birth Certificate.

Gang Free Zone

Under the Texas Penal Code, any area within 1,000 feet of a school is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

_____ _____

Signature – Parent or Legal Guardian Date

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Student's Name

Student's Last Name	Student's First Name	Student's Middle Initial
Student's Date of Birth Ex. 04/23/2001 / /		

Emergency Contact

Give the name, address and phone number of person to call in case of an emergency if parents/ guardian cannot be reached:

Last Name	First Name	Middle Initial
Street Address	City	State / Zip Code
Home Telephone No.	Work Telephone No.	Cell Phone No.
Relationship		

Authorization for Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to make the necessary emergency medical care arrangements and to have the student transported for emergency medical treatment.

Signature – Parent or Legal Guardian

Doctor's Information

Name of health care professional	Telephone No.	
Street Address	City	State / Zip Code

Signature – Parent or Legal Guardian

Date

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Student's Name

Student's Last Name	Student's First Name	Student's Middle Initial

Health Notes

List any medical condition that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which VCS employees should be aware of:

Immunization Record

The Texas Department of Health has ruled that students must be current with immunizations in order to attend school unless an exemption has been filed with the school in accordance with Texas Education Code. All immunizations must be completed by the first date of attendance. If the student has not received the required doses of vaccination, the student is not in compliance and the school shall exclude the student from school attendance until the required dose is administered.

☐ I will include with this application a copy of my child's most current immunization record.

Requirements for Exclusion from Compliance

☐ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.

☐ I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

Varicella (chickenpox)

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement:

My child had varicella disease (chickenpox) on or about (date) ____/____/____ *and does not need varicella vaccine.*

Signature – Parent or Legal Guardian

Date

Signature – Parent or Legal Guardian

Date

TB Test (If required)

☐ Positive ☐ Negative Date _____

Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at: https://hhs.texas.gov/policies-practices-privacy#security

For additional information regarding immunizations visit www.dshs.state.tx.us/immunize/public.shtm

Vision Screening Requirements

As part of the Health and Safety Code, Chapter 36, the Vision Screening Program requires that all children enrolled for the first time in any public, private, parochial, or denominational school or in a Department of Family and Protective Services (DFPS) licensed childcare center and licensed childcare home in Texas, or who meet certain grade criteria, must be screened or have a professional examination for possible vision problems.

☐ I will include with this application a copy of my child's vision screening.

Hearing Screening Requirements

As part of Health and Safety Code, Chapter 36, the Hearing Screening Program requires that all children enrolled for the first time in any public, private, parochial, or denominational school or in a Department of Family and Protective Services (DFPS) licensed child care center and licensed child care home in Texas, or who meet certain grade criteria, must be screened or have a professional examination for possible hearing problems.

☐ I will include with this application a copy of my child's hearing screening.

For additional information regarding immunizations visit https://www.dshs.texas.gov/vision-hearing-screening

_____ _____

Signature – Parent or Legal Guardian Date

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Student's Name: _____ Teacher's Name: _____ Grade: _____

I hereby certify that I have received the 20__ – 20__ Vineyard Christian School handbook, and have read and agree to the guidelines contained herein.

I will direct any and all questions to the Administrator.

I understand that these guidelines may be changed at any time and will be applicable to all clients including those enrolled prior to change.

_____ _____
Parent/Guardian's Signature Date

_____ _____
Parent/Guardian's Signature Date

After signing, promptly return this page to the Office, it will be kept in the student's file. Keep the copy of this handbook for your reference throughout the year.

"Hear my children the instruction of a Father, and give attention to know understanding…"
Proverbs 4:1

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Breakfast & Lunch Options

VCS offers breakfast and lunch for the students which are available for purchase. Please complete the form by marking the boxes. Please pick one option from each column.

Breakfast Plan

☐ M — F	$36
☐ M / W / F	$22
☐ T / TH	$15
☐ None	

Lunch Plan

☐ M — F	$70
☐ M / W / F	$50
☐ T / TH	$36
☐ None	

Your monthly statement will reflect the amount due for the upcoming month.

Parent Acknowledgment of Additional Activities

☐ I acknowledge that there may be additional charges related to events such as field trips, graduation ceremonies, induction ceremonies, and other special activities throughout the school year. I understand that these charges will be communicated in advance and will be added as an incidental charge to my FACTS parent account.

Signature – Parent or Legal Guardian

Date