Epiphany Academy

305 Jackson Street Valley Springs SD 57068 www.epiphany-academy.org 605-496-5060

Welcome to Epiphany Academy: We are a preschool through 12th grade competency-based school. We are a home-based micro-school with two locations in Valley Springs SD. We are staffed only by those who have dedicated themselves to the care, education, and safety of our students. We pride ourselves in guiding children through learning and helping them grow into their best selves.

Acts of Aggression: We have a strict policy with regard to students causing harm to other children. This is to ensure every student has an opportunity for a safe and enjoyable school environment. We evaluate every incident immediately, generally, three incidences of aggression will result in a dismissal from school, although there are cases where if a student is acting with intentional malice towards another student they will be removed without additional consideration. Removal due to aggression or intentional mistreatment of staff or another student results in loss of the current month's tuition and enrollment fee. All incidences are reported to parents of both the child causing harm, and to the child that was harmed.

	First Child's Information	
Last name	First	· · · · · · · · · · · · · · · · · · ·
Address	City	Zip
Birth date	Allergies?	
	Second Child's Informatio	n
Last name	First	
Address	City	Zip
Birth date	Allergies?	

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Parent/Guardian Information

Mother's name	Father's name	
Address	Address	
Home phone	Home phone	
Work phone	Work phone	
Cell phone	Cell phone	
E-mail	E-mail	
Please circle the program you would like to enroll your child in:		
Preschool Ele	ementary Middle School High School	
Emergency Contact (other than parent)		
Name	Phone	
Address		
	Release of child	
In addition to the parents listed on this form, I authorize Epiphany Academy to allow my child/children to leave the facility with the following people:		
Name	Phone	
Name	Phone	

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Authorization for Emergency Medical Attention

Physician _____ Address _____ Phone _____

Hospital ______ Address _____ Phone _____

Please list any special needs that your child may have or other information the school should be aware of: _____

I give consent for the facility listed above to secure any and all necessary emergency medical care for my child. I also authorize the persons under "release of child" to leave the school with my child. I certify that all information above is true to my knowledge.

Signature of parent or legal guardian	Date	
Date of Admission:	School Start Date	
Date of Withdraw	*****	*****
I give consent for the facility listed a and all activities during my child's enro	bove to provide transportation to and from ollment.	the facility
Signature of parent or legal guardian	Date	
Date of Admission:	School Start Date	
Date of Withdraw		
*****	*****	****

<u>Tuition</u>

The **tuition** is calculated for the year and is divided into the deposit and then payments either weekly, bi-weekly, or monthly. The school year is revolving. Students may join once accepted provided there is an open spot.

Tuition is calculated by taking the total tuition for the year, and then dividing it by the 12 months, 26 for bi-weekly, or 52 for weekly payments. The first payment and the deposit must be paid before the 1st day of attendance. Each additional tuition payment must be paid on the Friday before the 1st of the month or every/ every other Friday for bi-weekly or weekly tuition payments are chosen. The fee to be put on the wait list is 1/2 of a month's tuition and will go towards the student's deposit.

Scholarships when available are need-based. Please only accept an adjusted amount when needed

Non-Refundable Deposit	Monthly
Bi-Weekly	Weekly
Signature of parent or legal guardian	Date
Date of Admission:	School Start Date

Date of Withdraw _____