

# 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 Information

Last name \_\_\_\_\_ First \_\_\_\_\_

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

Birth date \_\_\_\_\_ Allergies? \_\_\_\_\_

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      Elementary      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 \_\_\_\_\_



**Tuition**

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 \_\_\_\_\_