

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

1st Parent's name _____ 2nd Parent'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 _____

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

I give consent for the facility listed above to provide transportation to and from the facility and all activities during my child's enrollment.

Signature of parent or legal guardian

Date

Date of Admission: _____ School Start Date _____

Date of Withdraw _____

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 for monthly, 26 for bi-weekly, or 52 for weekly payments. The first payment is the deposit and 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 if 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 _____