

HOMESCHOOL ENRICHMENT APPLICATION

Dynamic Life Christian School

For School Year _____ - _____

Student's Name _____
Last First Middle Called by

Mailing Address _____
Street City State ZIP

Home Phone () _____ Sex _____ Birthdate _____ Race: White African-American Asian
 Hispanic Native American Other

Term: Fall - September 4 thru December 18 (no class Nov 27) Spring - February 5 thru May 21 (no class April 9)

Child's Grade Level: 1 2 3 4 5

Father's Name _____ Mother's Name _____

Father's Physical Address _____
Street City State ZIP

Mother's Physical Address _____
Street City State ZIP

Father's Work Phone () _____ Father's Cell Phone () _____

Father's cell phone service provider: _____ Do you wish to receive text messages?
yes no

Father's Employer (Company Name) _____

Father's Work Address _____
Street City State ZIP

E-mail Address _____

Mother's Work Phone () _____ Mother's Cell Phone () _____

Mother's cell phone service provider: _____ Do you wish to receive text messages?
yes no

Mother's Employer (Company Name) _____

Mother's Work Address _____
Street City State ZIP

E-mail Address _____

If parents are separated or divorced, with whom does the student live? _____

Please indicate who is responsible for payment: Mother Father
 Grandparent/Guardian Other

Address **if different** from student _____

Child's Physician _____ Phone () _____

Physical problems/allergies, if any _____

(over, please)

Emergency Contacts - DLCS will contact in order listed below for illness or emergency

Name _____ Relationship _____ Phone () _____

Address _____
Street City State ZIP

Name _____ Relationship _____ Phone () _____

Address _____
Street City State ZIP

Name _____ Relationship _____ Phone () _____

Address _____
Street City State ZIP

Name _____ Relationship _____ Phone () _____

Address _____
Street City State ZIP

STATEMENT OF COOPERATION

In making application for my child, I desire to have him/her complete the _____ - _____ homeschool enrichment at Dynamic Life Christian School. It is also my understanding that the policy of the school is to make no refunds or transfers. I understand that Dynamic Life Christian School is a private institution; DLCS reserves the right to set and maintain its own standards for student conduct, dress code, and tuition assistance. These standards include conduct while on school and off school premises. I further agree to indemnify and hold Dynamic Life Christian School harmless for any and all liability that may result from my child attending or participating in all activities of Dynamic Life Christian School.

Date _____ Parent's Signature _____

- | | |
|---|--|
| <input type="checkbox"/> Tuition | <input type="checkbox"/> Proof of identity and age |
| <input type="checkbox"/> Health/Immunization Form | (to be initialed by School Official when seen) |
| <input type="checkbox"/> Public Disclosure Form | _____ <input type="checkbox"/> Certified copy of birth certificate |
| <input type="checkbox"/> Photo Release Form | _____ <input type="checkbox"/> Notification of birth (hospital, physician, or midwife) |
| <input type="checkbox"/> Medical Release Form | _____ <input type="checkbox"/> Baptismal record |
| <input type="checkbox"/> Tuition Express Forms/My Procure | _____ <input type="checkbox"/> School record from public school in VA, or |
| <input type="checkbox"/> Custody or Other Legal Forms | _____ <input type="checkbox"/> Certification by principal, or his designee, of a public school in the U.S., that a certified copy of the child's birth record was previously presented |



Dynamic Life Christian School

Emergency Medical Release

This form will be on file in the school office for the current school year.

In case of accident or other emergency involving my child _____, whose birthday is _____, I/we request that the school contact me/us. If the school cannot reach a parent/guardian after conscientious effort, I/we give permission for school staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for school staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care, which in the best judgment of a licensed physician or dentist is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

Father/Guardian Signature

Mother/Guardian Signature

Father/Guardian Printed

Mother/Guardian Printed

Date

Date

Both parents of the student must sign. If parents with joint custody of the child live in separate homes, both parents are required to sign the form.

Please notify the school office of any changes during the school year.

Dynamic Life Christian School

1600 John Marshall Highway

Front Royal, VA 22630

(540) 636-9595

Photo/Video Release Form

I hereby give permission for images of my child, captured during regular and special school activities through video, photo and digital camera, to be used solely for the purposes of Dynamic Life Christian School promotional materials and publication and waive any rights of compensation or ownership thereto.

Name of participant *(please print)* _____

Name of parent/guardian *(please print)* _____

Parent/guardian's signature _____

Date _____

Dynamic Life Christian School

**1600 John Marshall Highway
Front Royal, VA 22630
(540) 636-9595**

PUBLIC DISCLOSURE STATEMENT Exempt Child Day Centers

The code of Virginia, Section 63.2-1716 allows child day centers operated by religious institutions the opportunity to file for an exemption from licensure by meeting documentation and other requirements specified within the religious exemption law. The statements below have been prepared and distributed to meet the requirements of the exemption law.

Religious Exemption

In compliance with the Code of Virginia, Section 63.2-1716, this school is religiously exempt from licensure and is classified as a “religiously exempt” child day center.

Qualifications of Personnel

Criminal background check
Health assessment
TB test
First aid and CPR training
Staff training

Description of Facilities

The name of the school is called Dynamic Life Christian School.
The school is located at 1600 John Marshall Highway, Front Royal, VA 22630.
The size of the building is 18,000 square feet.
The number of rooms used for the school is seven classrooms, main hall, and teen center.
The kitchen facilities are available for use by the school.

The play equipment consists of indoor and outdoor sports equipment, commercial moon bounces, hula hoops, and more.

Other Significant Features of the Facilities

Trackless train

Enrollment Capacity

The maximum number of children that the school will enroll is 150. The maximum number of children to be in care at any one time (as dictated by the local building inspector) is 300+.

Food Service

The school intends to provide food service. We will prepare hot lunch, and afternoon snack for purchase.

Health Requirements for Staff

Staff employed at the school MUST be certified by a practicing physician to be free from any disability that would prevent them from caring for children. Documentation is on file at the School.

Public Liability Insurance

The school is covered by public liability insurance that provides coverage in the event someone brings suit for personal or bodily harm suffered during the operation of the school as a result of negligence.

Christian School

Dynamic Life Christian School is a Christian school that teaches Christian principles and standards to its staff and clientele. These principles and standards are biblically based, using both Old and New Testaments. The Dynamic Life Christian School is a ministry of the church universal; however, Dynamic Life Praise and Worship Center is our sponsoring church. Our doctrinal statements and positions on theological topics can be found with them.

I _____ have read the above information
(Print name of parent)

Signature of parent _____ Date _____

Name of student _____

Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

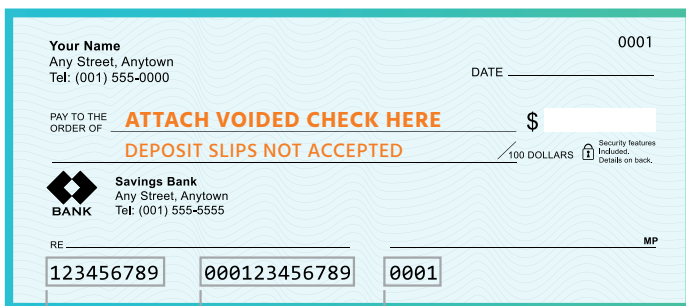
COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

SECTION B (Bank Account)

Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			



ROUTING NUMBER ACCOUNT NUMBER CHECK NUMBER

FOR OFFICIAL USE ONLY

Date Received
Employee Signature

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DYNAMIC LIFE CHRISTIAN SCHOOL
1600 John Marshall Highway, Front Royal, VA 22630
(540) 636-9595
HOMESCHOOL ENRICHMENT ENROLLMENT CONTRACT

Family Name _____

Primary Emergency Contact (available while child is at school) _____

Cell _____ Work _____

Email _____ Home _____

Name (List eldest student first)

Child 1 _____

Child 2 _____

Child 3 _____

Tuition & Fees Worksheet:

Fall Semester Total \$675 \$ _____

Spring Semester Total \$675 \$ _____

(includes supply fee of \$125 per semester)

Enrollment Fees Total \$35 \$ _____

Discount or Coupon \$ < >

Total Amount Due \$ _____

(Initials)

Parent Agreement:

- 1. In order to secure enrollment, I, as the parent/guardian, agree to pay and deliver with this Enrollment Contract the non-refundable fees.
- 2. I hereby agree to pay the cost shown on this contract for the Homeschool Enrichment Program. DLCS reserves the right to deny admission if payments are not made. I understand that any additional fees such as meals, yearbook, or other miscellaneous charges will be billed to my account.
- 3. Due to fixed costs averaged over the entire year, **there is no reduction in cost for days missed for any reason**, such as sick days, family vacations, school holidays, etc.
- 4. If DLCS attempts to process an automatic tuition payment or deposit a check payment and the account has Non-Sufficient Funds, a NSF charge of \$15 and a late charge of \$15 will be added to said account.
- 5. Early withdrawal policy: This is a **CONTRACT** between students' parents/guardians and DLCS. DLCS commits to operating expenses for the term based on enrollment. Therefore, students may not be withdrawn before the final session day unless released by the Director. Withdrawal from the school must be made in writing through the Director's Office and will result in a \$100 early termination fee.
- 6. I understand that my child needs to remain home for at least 24 hours without symptoms or symptom relieving medication before returning to DLCS, unless the school receives a note from the child's medical provider stating that the child is not contagious and may return to the school. In the case of a (suspected) contagious disease, rash, or continuing symptoms, a note from the child's medical provider will be required before the child can return.

Parent Signature: _____