

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

Subject: Language Arts & Math (Mon-Thu 8:45-11:45 a.m.) Elective Day (Friday 9:00 a.m. - 3:00 p.m.)

ELECTIVE DAY ONLY Fall - September 4 thru December 18 (no class Nov 27) Spring - January 29 thru May 17 (no class March 26)

Child's Grade Level: 1 2 3 4 5 6 7

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: _____

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: _____

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 _____

Child's Dentist _____ Phone () _____

(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

Reason for selecting Dynamic Life Christian School _____

Dynamic Life Christian School was recommended by _____

Has your child ever been a student at Dynamic Life Christian School? Yes No

STATEMENT OF COOPERATION

In making application for my child, I desire to have him/her complete the _____ - _____ school year at Dynamic Life Christian School. It is also my understanding that the policy of the school is to make no refunds or transfers on registration, book, or supply fees. 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 _____

Note: *If your child does not start school on the scheduled start date and you have **not** notified Dynamic Life Christian School, we will assume that your child will not be attending and your child's space will be made available for another child. All paid fees will be forfeited.*

Items to be submitted with this form:

- Fees or deferred agreement
- Tuition
- Health/Immunization Form
- Public Disclosure Form
- Photo Release Form
- Medical Release Form
- Tuition Express Forms/My Procure
- Custody or Other Legal Forms
- Proof of identity and age (to be initialed by School Official when seen)
- _____ Certified copy of birth certificate
- _____ Notification of birth (hospital, physician, or midwife)
- _____ Baptismal record
- _____ School record from public school in VA, **or**
- _____ 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
 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:	
ELA/Arithmetic Total (\$2,800 per year)	\$ _____
Elective Day (\$675 per semester)	\$ _____
Circle: Fall Spring	_____
Enrollment Fee \$100	\$ _____
Elective Supply Fee \$250	\$ _____
ELA/Arithmetic Book Total \$275	\$ _____
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 \$25 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 \$500 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: _____