

# ENROLLMENT APPLICATION

## Dynamic Life Christian School

Start Date \_\_\_\_\_

End Date \_\_\_\_\_

For School Year \_\_\_\_\_ - \_\_\_\_\_

New Enrollment

Student's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  

Last
First
Middle
Called by

Home Phone ( ) \_\_\_\_\_  

Street
City
State
ZIP

Sex \_\_\_\_\_ Birthdate \_\_\_\_\_ Race:  White  African-American  Asian

Hispanic  Native American  Other

**Potty Trained?**      **Does your child nap?**  
 yes       no       yes       no

**Father's Name** \_\_\_\_\_ **Mother's Name** \_\_\_\_\_  

4 digit pin
4 digit pin

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 your student's tuition payments:       Mother       Father  
 Grandparent/Guardian       Other

Address **if different** from student \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Physical problems/allergies, if any \_\_\_\_\_

Has your child attended a Previous Day Care or Pre-school:    yes       no       If yes, please list name & location.

Name of Facility \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Has your child ever been rejected or dismissed from a Day Care or Pre-school?    yes       no       If yes, please state reason.

*Indicate class and days attending*

<b>5 days a week, Mon.-Fri.:</b> <input type="checkbox"/> Kindergarten <input type="checkbox"/> 1st grade <input type="checkbox"/> After Care	<b>Circle Days:</b> Mon.    Tues.    Wed.    Thu.    Fri.
<b>2-4 year olds:</b> <input type="checkbox"/> 9:00 a.m.-3:00 p.m. <b># of Days Per Week:</b> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<b>Circle Days:</b> Mon.    Tues.    Wed.    Thu.    Fri.

**(over, please)**

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_ 4-digit pin \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP

Name \_\_\_\_\_ Relationship \_\_\_\_\_ 4-digit pin \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP

Name \_\_\_\_\_ Relationship \_\_\_\_\_ 4-digit pin \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP

Name \_\_\_\_\_ Relationship \_\_\_\_\_ 4-digit pin \_\_\_\_\_ 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 fees paid 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