



Registration Packet

We are delighted you have elected to begin the enrollment process! Please carefully follow these steps to ensure a speedy and accurate process.

1. Application Complete this application (including signatures on all forms), include copies of the below requested items and submit as a complete package to the RPA office. Partially completed applications will not be accepted.

- Enrollment Application (Note: referral forms are included on the following pages of this application; please detach and give to the appropriate individuals.)
- Birth Certificate
- Social Security Card (<http://www.ssa.gov/online/ss-5.html>) you are able to print an application at this website; complete and take it to the local Social Security office.
- Immunization Records Please be certain your child's immunizations are current. For an immunization schedule, please contact your health provider or see this website: <http://www.dshs.state.tx.us/immunize/default.shtm>.
- Copies of most recent report card, prior year report card and STAAR or other standardized testing
- \$250 Registration fee (payable to Divine Christian Academy)
- Financial Agreement
- Court Documents (If applicable) If divorced, a copy of court documents indicating custody is required for your child's safety. This will be placed in his/her permanent file. If applicable, also include
- After School Care Application (if applicable)

2. Admissions Testing

An Admission assessment test for placement is required and will be scheduled once receipt of the above forms have been verified. This is required for first grade and up. The cost is \$40.00. Tests are scheduled during regular school hours and take approximately 1 hour.

3. Interview with School Director

Upon submission of the completed application, you will be contacted to schedule a family interview. The student and custodial parent(s) / guardian are all requested to attend. Interviews are scheduled during regular school hours. You will be notified by the school director of your admissions standing generally within a week of completing the family interview. Placement in a class is not reserved until final acceptance is granted and the registration fee is paid. Our goal is to provide a complete, accurate and speedy application process. If you have questions during the enrollment process, please contact the Office.

DCA Student Profile Legal Name of Student:

Last _____ First _____ Middle _____

Grade for which applying _____

Gender: Male Female

Ethnic Origin (for statistical purposes only) American Indian Asian African

American Caucasian Hispanic Interracial Other (specify) _____

Age _____ Birthdate _____ / _____ / _____

Is your child fully potty trained? Yes No

Current School (where student most recently attended) Address (incl. city, st, zip)

Grade(s) attended above referenced school _____ Year(s) attended _____

Previous School (if applicable)

_____ Address (incl. city, st, zip) Grade(s) attended above
 referenced school _____ Year(s) attended _____

Pick Up and Emergency Contact: Please list three individuals who may pick up your child or be contacted in an emergency if the parent is unreachable.

May pick up Emergency contact

1) First Name _____ Last Name _____

Home Phone # _____ Cell Phone # _____

Work Phone # _____ E-mail _____

Relationship to student: Grandparent Aunt Uncle Sister Brother Friend

May pick up Emergency contact

2) First Name _____ Last Name _____

Home Phone # _____ Cell Phone # _____

Work Phone # _____ E-mail _____

Relationship to student: Grandparent Aunt Uncle Sister Brother Friend

3) First Name _____ Last Name _____

Home Phone # _____ Cell Phone # _____

Work Phone # _____ E-mail _____

Relationship to student: Grandparent Aunt Uncle Sister Brother Friend

Student's (biological) parents are Separated Divorced Married Correspondence

sent to: Both (Parents / Guardian) Mother Father

If divorced, please indicate the type of custody ordered by the court Joint Sole

Note: A copy of court documents indicating custody is required for your child’s safety. These documents will be placed in the child’s permanent file.

Parent / Guardian Profile

FATHER (Biological) or Legal Guardian Name

Last _____ First _____ Middle Initial _____

Home # _____ Cell # _____ Work # _____

Primary Email: _____

Address (if different from student’s)(city, st, zip) _____

Occupation & Employer _____

Church where you regularly attend _____

MOTHER (Biological) or Legal Guardian Name

Last _____ First _____ Middle Initial _____

Home # _____ Cell # _____ Work # _____

Primary Email: _____

Address (if different from student’s)(city, st, zip) _____

Occupation & Employer _____

Church where you regularly attend _____

Parent Questionnaire:

As employees at DCA, we view ourselves as partners with you in providing a strong education within a Christian community that integrates Biblical faith and learning. To

help us, we request that you complete the following information and return it to us as part of the completed application. (Please print legibly.)

I / We have read the Divine Christian Academy Mission Statements. Yes No

Can you and your family fully support these DCA Statements? Yes No

If no, please explain

Church where your family attends regularly_____

Number of Years _____ What do you feel is your child’s greatest strength?

What do you feel is your child’s greatest weakness?

List three character traits that best describe your child.

1. _____

2. _____

3. _____

How did you hear about DCA? Friend Website Church Other

Name of parent / guardian completing this questionnaire

Please print

Signature _____

Medical & Field Trip Release (one per student)

This form will be on file at the school office for this upcoming school year. I give my

permission for _____, grade _____, to participate in all field trips away from the school premises throughout the current school year. Students will be accompanied by a teacher and will be under adequate supervision. I understand that I will be given at least 48 hours notice of all trips away from the school premises. I further understand that I may revoke permission for a specific field trip by written notice hand-delivered to the principal more than one day prior to the trip. Although the school desires to provide a safe and enjoyable time for all students, accidents can still happen. I/we understand that there are risks/dangers involved with participation in off-campus trips and their associated activities. In consideration of my child being allowed to participate in this event, I/we assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to indemnify and hold harmless, save and protect Divine Christian Academy of Devine, Texas, its trustees, officers, employees, agents, volunteers, students, successors and assigns from and against any and all claims, demands, actions, suits, liabilities, losses, damages, costs, judgments and claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the school, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the school can assume no financial liability beyond its actual liability insurance policy in force. In case of accident, illness, or other emergency, I/we request that the school contact me. 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. I/we acknowledge that DCA reserves the right to decline my child's participation in applicable activities if I/we decline to agree with any portion of this Medical & Field Trip Release form.

Guardian's Signature _____

Physician _____

Dentist _____

Allergies (including reactions to medications) _____

Medication being taken _____

Preferred Hospital _____

Date of last tetanus shot _____

Are there any physical or medical conditions we should know about not already stated?

In case of emergency, who is your nearest relative or neighbor we should contact if we are unable to contact you at home or work?

Name _____

Relationship _____

Phone _____

Medical Information

Does your child take medications for chronic health or attention deficit issues?

- Yes No

Please list.

Has your child been diagnosed with cystic fibrosis? Yes No

Does your child have physical or health problems? Yes No If yes, please explain.

Does your child's physical activity need to be restricted in any way? Yes No If yes, please explain.

The set-up of our campus requires students to utilize stairs multiple times throughout the day. Would climbing stairs be a problem for your child? Yes No If yes, please explain.

Has your child ever been tested or received special help for reading or learning difficulties? Yes No If yes, please describe. (Please provide a copy of this special testing with your application packet.)

Below, check any current health condition that may require attention during the school day.

- allergies (be specific) foods medicines bee sting or insect bites asthma
 heart problems (be specific) _____
 physical disability (be specific) respiratory seizures vision problems (be specific)

_____ glasses contacts other (be specific) _____

- hearing problems hearing aid(s)

Please list any other health or medical issues not listed elsewhere on this form.

The information above is true and complete to my/our knowledge.

Parent/Guardian's Signature _____

Financial Agreement

- All tuition is payable in advance.
- Tuition payments are due on the 1st of the month.
- Payments received after the 1st will be charged a \$25 late fee.
- If tuition is not paid by the 20th of the month, your child will not be able to return to school until the outstanding balance is paid in full.
- No portion of tuition is refundable in case of absence or holidays.
- Registration fees are due at the time the Before-and-After-School Care Enrollment Form is submitted and are non-refundable.
- New Student Registration Fee- \$250.00 per new student due with application, non-refundable Returning Student Registration Fee- \$200.00 per child due with application, non-refundable (must be paid by March of the upcoming year)
- New Student Testing Fee- \$30 per student, non-refundable

Book Fee-

\$70.00 Preschool

\$300.00 Kindergarten (\$115.00 refundable at end of school year if no damage to books)

\$350.00 1st (\$160.00 refundable at end of school year if no damage to books)

\$380.00 2nd (140.00 refundable at end of school year if no damage to books)

\$450.00 3rd (\$160.00 refundable at end of school if no damage to books)

\$300.00 4th coming from 3rd. (\$140.00 refundable at end of school if no damage to books)

\$525.00 4th if this is the students first year at DCA (book stipend application available in this case)

\$400.00 5th (\$150.00 refundable at end of school year if no damage to books)

\$400.00 6th (\$150.00 refundable at end of school year if no damage to books)

Annual School Tuition - payment begins August 1 and ends May 1

Preschool full day (ages 3&4) \$4,500 paid in 10 equal installments (\$455.00/month)

Kindergarten - 6th grade \$4,000 paid in 10 equal installments (\$40.00/month)

Before & After School Care

Hours of operation 6:00AM -1830 \$50.00 a week per student

LATE PAYMENTS Divine Christian Academy is committed to be a good steward and to promptly pay its financial obligations. Receipt of tuition payments in a prompt and timely

manner is crucial to the accomplishment of this goal. The guidelines for tuition payments are as follows:

1. Payments due according to the payment schedule.
2. Late fee of \$25.00 assessed the day after the due date.

Parent Commitment

(one form per family)

Amos 3:3 states: "How can two walk together unless they be agreed." With this in mind, the Administration requests your commitment to the following statements. Please read carefully and sign or initial where provided.

† By faith, we/I pledge to cooperate and be actively involved with the teachers and school personnel in all aspects of our children's academic and behavioral performance.
_____ Initial

† We/I agree to pay all of our financial obligations to DCA on or before the due date as indicated on the Financial Agreement form. Additionally, we/I will prayerfully consider supporting the school over and above tuition and fees, including financial gifts and in-kind contributions as God gives us the ability and means. _____ Initial

† As parents, we/I agree to fulfill the following requirements in the Parent Service Policy including ♦ attend Parent Orientation (Aug.), and Open House (Sept.) ♦ volunteer twenty-five (25) hours annually (5 additional hours per child). Hours must be completed by April, hours left incomplete will result in a fee. _____ Initial

† As members of the Divine Christian Academy family, we/I agree to support the DCA Policies and Procedures including, but not limited to, the following areas: communication, academic standards, dress code, personal conduct at school events and all other policies and procedures as set forth in the Parent-Student Handbook. The Parent-Student Handbook is available to be downloaded on the website. _____ Initial

† If we/I become dissatisfied with DCA staff, policies or decisions in any respect, we/I will seek to resolve matters with the person or persons involved according to the Matthew 18 Principle rather than spread criticism and encourage dissention / disaccord.
_____ Initial

† We/I understand and consent to the publication of photographs and audio video in school publications and media coverage (yearbook, newsletter, website development, admissions materials, Facebook etc.). _____ Initial

Parent/Guardian (sign & print)
