

For office use only
 Interview date: _____
 Interview time: _____
 Approved: Yes No

PreSchool-Kindergarten ENROLLMENT

Dynamic Life Christian School

For office use only
 Check # _____
 Check amount _____
 Registration _____
 Books _____
 Deposit _____
 Tuition _____
 B/A care _____

For School Year _____ - _____
 Re-enrollment New Enrollment

Start Date _____
 End Date _____

Today's Date ____ / ____ / ____

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

Father's Name _____ Mother's Name _____

Indicate which phone number you would prefer us to use first:

Father's Work Phone (____) _____ Mother's Work Phone (____) _____

Father's Cell Phone (____) _____ Mother's Cell Phone (____) _____

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's _____

Emergency Contact (other than parents) _____ Phone (____) _____

I give permission for school personnel to give my child the following medications when needed: Tylenol Yes No
 Motrin™ Yes No
 Pepto-Bismol? Yes No

Child's Physician _____ Phone (____) _____

Physical problems/allergies, if any _____

Indicate class and days attending.

5 days a week, Monday-Friday : <input type="checkbox"/> Kindergarten	
2-8 year olds: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	# of Days: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
Circle Days: Mon. Tues. Wed. Thu. Fri.	

Other persons to notify in case of illness or accident:

Name _____ Address _____ Phone (____) _____

Name _____ Address _____ Phone (____) _____

Persons permitted to pick up child (other than parent)

Name _____ Address _____ Phone (____) _____

Name _____ Address _____ Phone (____) _____

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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

Circle grades previously attended at Dynamic Life Christian School: Preschool 2 3 Pre-K4 Kindergarten

When? _____

STATEMENT OF COOPERATION

In making application for my child, I desire to have him complete the school year _____ - _____. It is also my understanding that the policy of the school is to make no refunds or transfers on registration fees. 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 begin attending 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. Your registration fee will be forfeited.*

Items to be submitted with this form:

- | | |
|---|--|
| <input type="checkbox"/> Registration fee | <input type="checkbox"/> Proof of identity and age
(to be initialed by School Official when seen) |
| <input type="checkbox"/> Tuition deposit | _____ <input type="checkbox"/> Certified copy of birth certificate |
| <input type="checkbox"/> Public Disclosure Form | _____ <input type="checkbox"/> Notification of birth (hospital, physician, or midwife) |
| <input type="checkbox"/> Photo Release Form | _____ <input type="checkbox"/> Baptismal record |
| | _____ <input type="checkbox"/> School record from public school in VA, or |
| | _____ <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 |