

DARREN PATTERSON CHRISTIAN ACADEMY



ENROLLMENT

Darren Patterson Christian Academy believes in the value of all human life, and admits students without regard to race, color, national or ethnic origin. DPCA does not discriminate on the basis of race, color, or national or ethnic origin in the administration of any of its student policies or educational programs.

INSTRUCTIONS

1. Complete the following packet, which includes...

- Registration Information
- Parent & Student Agreement
- Student Health History
- Emergency Medical Treatment Authorization
- Permission for Medication
- Tuition Payment Information

2. Attach supporting documents, which include...

- Immunization Records
- Copy of Birth Certificate (Kindergarten only)

Submit all forms to the front office, along with a non-refundable \$75 registration fee...

Stop by, drop it in the mail, or fax it to us:

Darren Patterson Christian Academy
518 S San Juan Avenue PO 1243
Buena Vista, Colorado

Fax: 719.395.2055

3. If you are new to DPCA please tell us how you heard about the school:

- ___ Website
- ___ Social Media
- ___ Print Promotional
- ___ Referred by another family, please list _____

4. Visit www.dpcaweb.org to fill out a tuition assistance application

5. If you are enrolling a student in Kindergarten, we will have an afternoon enrichment program offered. This program will be from 12:00-3:30pm. Tuition for the afternoon program will be \$185/month.

For help with this application, please call 719.395.6046,
or email your question(s) to secretary@dpcaweb.org

- REGISTRATION INFORMATION -

CONTACT

PARENT/GUARDIAN

Mailing Address: _____

Name: _____

Relationship: _____

Email: _____

Cell #: _____

Work #: _____

Name: _____

Relationship: _____

Email: _____

Cell #: _____

Work #: _____

Employer: _____

Occupation: _____

Employer: _____

Occupation: _____

STUDENT NAME(S)

STUDENT(S) HOME

Phone #: _____

Address: _____

Child(ren) lives with: Father | Mother | Both Parents | Other: _____

Legal custody of child(ren) belongs to: Father | Mother | Both Parents | Other: _____

Send information to: Father | Mother | Both Parents | Other: _____

EMERGENCY CONTACTS

Name: _____
(last) (first) (mid)

Relationship: _____ Phone #: _____

Name: _____
(last) (first) (mid)

Relationship: _____ Phone #: _____

STUDENT INFORMATION

STUDENT(S)

1. Name: _____
(last) (first) (mid)

Grade: _____ Birthdate: ___ / ___ / _____ Male / Female

School Attended Last Year: _____

Grades Repeated/Skipped: _____

2. Name: _____
(last) (first) (mid)

Grade: _____ Birthdate: ___ / ___ / _____ Male / Female

School Attended Last Year: _____

Grades Repeated/Skipped: _____

3. Name: _____
(last) (first) (mid)

Grade: _____ Birthdate: ___ / ___ / _____ Male / Female

School Attended Last Year: _____

Grades Repeated/Skipped: _____

4. Name: _____
(last) (first) (mid)

Grade: _____ Birthdate: ___ / ___ / _____ Male / Female

School Attended Last Year: _____

Grades Repeated/Skipped: _____

Has any child on this list been dismissed or suspended from any school? Yes / No
(If yes, please explain on a separate sheet of paper and include with application)

- Pick-Up Authorization -

Student's Name: _____

Grade: _____

Adult Authorized to Pick-Up	Relationship	Phone

I authorize the above person(s) to pick-up my child from school. I understand this permission will be in place until I communicate a change to the school.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

In order to ensure your child's safety, please list all persons that are permitted to pick-up your child from school. DPCA will not release your child to persons not listed. Please let the authorized person know that photo identification may be required if a staff member is unfamiliar with them. Parents and legal guardians may revise list when necessary.

If regular pick-up person changes: We ask that if your regular pick-up person changes and someone on your authorized list will be picking up, please send in a note or call the school to make us aware of the change so we will know who to expect. However, if you have not notified us of the change and someone from your authorized list comes to pick up, we will release your child to this person without calling you first.

If the pick-up person is not on your authorized list: We will require a written note with your signature be sent in or a phone call made before the end of the school day authorizing the non-listed person to pick-up. You will be notified immediately if someone not on your list comes to pick up your child and we have not received a written note or phone call with authorization.

- STUDENT HEALTH HISTORY-

[illegible]

Other hospitalizations		
Year	Reason	Hospital

List your prescribed drugs and over-the-counter drugs, such as vitamins and inhalers...		
Name the Drug	Strength	Frequency Taken

Allergies to medications, foods, insects, pollens or other...	
Name the allergen	Reaction You Had

MENTAL HEALTH				
Have you ever been diagnosed with ADD?		Yes		No
Have you ever been diagnosed with ADHD?		Yes		No
Have you ever been diagnosed with OCD?		Yes		No

Additional Comments: information to help school personnel understand & work with your child more effectively.

Permission to give your child non-aspirin: (please circle one): YES / NO

Signature of Parent/Guardian

Date

- EMERGENCY MEDICAL TREATMENT AUTHORIZATION -

I/We hereby give my/our permission to Darren Patterson Christian Academy to secure emergency medical treatment in the event of an injury or accident or emergency situation that involves my child. I understand that a conscientious effort will be made to contact me/us as to the injury and treatment of our son/daughter. In the event physicians, other persons named or parents cannot be contacted, school officials, emergency personnel or hospital physicians are hereby authorized to take whatever action is deemed necessary in their judgment, for the health and safety of the student. We will not hold the school, emergency personnel or hospital physician responsible for the emergency care and/or transportation for said student.

Student:_____ Birthdate:_____ Grade: _____

Parents/Guardians: _____

Address: _____

Mailing

Street

City

State

Zip

Phone during day: Father _____ Mother _____

In an emergency, if parents cannot be contacted:

Notify first: _____ Phone: _____

Notify second: _____ Phone: _____

Family doctor: _____ Phone: _____

Family dentist _____ Phone: _____

Known allergies/Health conditions: _____

Parent/Guardian's Signature _____ Date: _____

- IMMUNIZATION SCHEDULE -

This immunization schedule allows you to quickly determine if your child is up to date on immunizations for their grade. Select your child's grade level on the left and follow across the row to determine how many doses of each vaccination your child should have received before his/her current grade level. () indicates how many doses are required.

K	MMR (2)	HB (3)	VAR (2)	DTP (5)	POLIO (4)
1st	MMR (2)	HB (3)	VAR (2)	DTP (5)	POLIO (4)
2nd	MMR (2)	HB (3)	VAR (2)	DTP (5)	POLIO (4)
3rd	MMR (2)	HB (3)	VAR (2)	DTP (5)	POLIO (4)
4th	MMR (2)	HB (3)	VAR (2)	DTP (5)	POLIO (4)
5th	MMR (2)	HB (3)	VAR (2)	DTP (5)	POLIO (4)
6th	MMR (2)	HB (3)	VAR (2)	DTP (5) + TDAP (1)	POLIO (4)
7th	MMR (2)	HB (3)	VAR (2)	DTP (5) + TDAP (1)	POLIO (4)
8th	MMR (2)	HB (3)	VAR (2)	DTP (5) + TDAP (1)	POLIO (4)

You have the right to exempt your child from these immunizations based on:

- Medical Exemption: must be signed by a physician stating that the immunizations would endanger your student's life or health.
- Religious Exemption: must be signed by a parent or guardian stating religious belief opposed to immunizations.
- Personal Exemption: must be signed by a parent or guardian stating personal belief opposed to immunizations.

However, in the event of an outbreak, exempted persons may be subject to exclusion from school and quarantined.

Please update your child's shots, then submit a copy of their immunization record to Darren Patterson Christian Academy before school starts.

- PERMISSION FOR MEDICATION -

This form need only be returned if medication needs to be administered at school.

Name of student: _____ Grade: _____

Medication: _____

Time/frequency of medication administration: _____

Purpose of medication: _____

Possible side effects: _____

Signature of Physician: _____ *Date:* _____

It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. In consideration of the acceptance of the request to perform this service by the school nurse or other designated employee of Darren Patterson Christian Academy, the undersigned parent or guardian hereby agrees to release Darren Patterson Christian Academy and its personnel from any legal claim, which they now have or may hereafter have, arising out of side effects or other medical consequences of the medication.

I hereby give my permission for _____ to take the above prescription at school as ordered. I understand that it is my responsibility to furnish this medication.

Signature of Parent/Guardian: _____ *Date:* _____

Note: the medication is to be brought to school in a container appropriately labeled by the pharmacy or physician, stating the name of the patient, name of the medication and the dosage.

PARENT-STUDENT AGREEMENT

In registering for enrollment at DPCA, and following the enrollment of my/our child(ren) in the school, I/we understand and agree that:

1. DPCA is a private religious organization, and approval for initial or continuing enrollment is at the sole discretion of the DPCA administration. Approval for enrollment means that in the best judgement of personnel involved in the admissions process, the school community and academic services are an appropriate fit for my(our) child(ren). The privilege of enrollment may be withdrawn if, in the best judgment of school staff, the school is not able to provide the levels of academic, emotional, community, behavioral, or spiritual support needed by my (our) child(ren). Enrollment may be granted on a probationary basis for no fixed time period when fit between student and school appears uncertain, but both parents and school personnel agree to a probationary period. The probationary period will be documented; all parties concerned will evaluate the wisdom of continuing enrollment following the probationary period. I(We) agree that final decision regarding continuing enrollment always rests with school administration.
2. I(We) will support and uphold the school staff and the religious mission, intent, policies, rules, and requirements of Darren Patterson Christian Academy. I(We) understand that the privilege of enrollment may be withdrawn if the student(s) or parent(s) are no longer supportive of the school's mission, intent, policies, rules, or requirements. I(we) acknowledge that a copy of the Parent-Student Handbook is available in either print form through the school office; or in digital form through the school website at www.dpcaweb.org; and that I(we) have had opportunity to read the Handbook and are supportive of the school's religious mission, intent, policies, rules, and requirements described therein. I(We) further agree that we have had sufficient opportunity to ask questions or receive clarification regarding any school policies about which I(we) felt uncertain, and that both my(our) signature(s) below, and my(our) enrollment of my(our) child(ren) at DPCA, indicate our wholehearted support for the school, the school staff, and the religious mission, intent, policies, rules, and requirements of DPCA.
3. No guarantee of continuing enrollment during a school year or from year-to-year is implied or conferred. I(We) agree that continuing enrollment is approved when school personnel agree that the environment and level of services provided by the school are appropriate to and helpful for the student; and when sufficient evidence of continued parental and student support is apparent. I(We) acknowledge and agree that the school's disciplinary process for students includes provision for suspension and expulsion should school administration decide that the behavior being addressed warrants such action, or in the event that I(we) can no longer be supportive of school personnel or school policy following disciplinary or any other action.
4. I(We) have authorized the persons listed as emergency caregivers for my child(ren) in the event I(we) cannot be reached.
5. DPCA has my(our) permission in perpetuity to use photographs, rendered likenesses, videos, or other images of my child(ren), or quotations written or spoken by my child(ren) in any and all DPCA promotional materials and school publications, including digital publications such as websites and social media accounts which the school directly manages.
6. I(We) agree that we will honor the terms and condition of my(our) tuition payment agreement, and that non-payment of funds owed to the school under that agreement is grounds for suspension or termination of my child(ren)'s enrollment privileges. I(We)

further agree that DPCA has the right to pursue collection of unpaid balances by any and all legal means. I (We) agree that any financial aid received is on a school-year basis, and that no guarantee of ongoing financial aid from year-to-year is conferred or implied. I(We) agree that the family registration deposit is non-refundable, and that other tuition and fee charges may or may not be refundable according to conditions spelled out in the Parent-Student Handbook.

7. I(We) agree to be bound by the terms and conditions of DPCA's grievance policy for the resolution of any and all disputes. I(We) further agree to be bound by the DPCA Arbitration and Conciliation Agreement in the event a dispute with the school cannot be otherwise resolved, and agree that this Arbitration and Conciliation Agreement shall be the sole remedy for any controversy or claim arising from my relationship with the school. My(Our) signature(s) below, and my(our) decision to enroll my(our) student(s) at DPCA are witness that I(we) have received a copy of the Arbitration and Conciliation Agreement (available at the school office) and of the grievance policy (found in the Parent-Student Handbook). I(We) further agree that by the action of signing this agreement, and by virtue of agreeing to enroll my (our) child(ren) at DPCA, I am (we are) expressly and intentionally waiving my(our) right to file any lawsuit against the school or against any school employees, board members, or volunteers in any court concerning any dispute or controversy, regardless of claim or alleged fault.
8. I(We) acknowledge and agree that if any element of this agreement is judged unenforceable in any court of law, each and all of the remaining elements remain in full force and effect.

I /we have read this agreement carefully and indicate by my(our) signature(s) below my(our) affirmation and agreement to all the provisions and statements noted herein.

I /we warrant that ALL persons with parental, custodial, or guardianship interest in the child(ren) named herein have signed below:

Parent/Guardian Name	Signature	Date
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Parent/Guardian Name	Signature	Date
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Parent/Guardian Name	Signature	Date
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TUITION PAYMENT

GRADE	COST
Kindergarten	\$3,245
	+ \$180/month Afternoon Enrichment Program
Grades 1-5	\$5,445
Grades 6-8	\$6,022

Indicate at this time the tuition payment plan you prefer: *(please circle)*

Annual

2% discount,
if paid by Aug. 1st

Semi-Annual

No finance charge

Monthly/10 or 12

\$5/month finance charge

NOTE: Payments are due at the first of each month. Payment is late after the 10th of the month, and a payment fee of \$10 will be added. There are no discounts available for families receiving financial assistance. If no payment plan is chosen, billing will begin August 1 for a 10 month plan.

Indicate whether you plan to apply for financial assistance: *(please circle)*

- Yes, I plan to apply for financial assistance.
- No, I do not plan to apply for financial assistance.
- I need more information concerning financial assistance.

