Destiny Performing Arts Learning Academy 2020-2021 Enrollment Application

44628 10th Street West Lancaster, CA 93534 661-582-8179

www.destinychristiancenterinternational.com

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Parent/Guardian Sgnature_

MEDICAL DISCLOSURE FORM

CHILD'S	
NAME	
Date of Birth /	
Please list any allergies your child may hav	∕e.
Food:	
Other:	
Special instructions for my child:	
Emergency contact:	
Name:	
Phone:	
In case of an emergency, I give permission for my	child to receive medical treatment.
Parant/Charlier	Date

Destiny Performing Arts and Learning Academy 44628 10th Street West Lancaster, CA 93534



The following terms and conditions of enrollment at Destiny Performing Arts & Learning Academy are part and parcel of the 2017–2018 Tuition Contract by and between Destiny Performing Arts & Learning Academy and the person(s) (herein "I" or "We") whose signature(s) appear on this page and/or the 2017-2018 Tuition Contract on the next page:

- 1) The registration fee is nonrefundable and is deemed fully earned by Destiny Performing Arts & Academy upon receipt; provided however, that Destiny Performing Arts & Learning Academy shall refund the registration fee for my child if there are no openings in the child's grade level, or provide a partial refund if my child tests one or more grade levels below standard and I/we do not wish to enroll the student. I understand the administration has full authority for grade or section placement.
- 2) Each child is accepted on his or her individual merits, regardless of race, color, national origin, or ancestry.
- 3) I hereby grant permission for my child(ren) to use all the play equipment and participate in all activities of the school.

My child also has permission to leave the school premises under the supervision of an authorized staff member for neighborhood walks.

- 4) I hereby grant permission for my child to be included in evaluations, photographs, sound recordings and videos connected with the school during academic studies, activities, special events, performances, and free time. These may be used in the yearbook, newsletter, publicity, and marketing efforts for the school.
- I understand that Destiny Performing Arts & Learning Academy does not carry accident insurance for students. /we, as the parent(s) or guardian(s) of our child(ren) enrolled at Destiny Performing Arts & Learning Academy do hereby authorize, in advance, a representative of Destiny Performing Arts & Learning Academy to obtain emergency medical care and give specific authorization for diagnosis or treatment for my child while he or she is under school supervision. Emergency care may include transportation, x-ray, anesthetic, medical or surgical diagnosis, treatment or hospital care rendered under the supervision of a physician or surgeon licensed under the provisions of the Medicine Practice Act. I agree to maintain medical insurance coverage for my child and accept full financial responsibility for such emergency care obtained by the Destiny Performing Arts & Learning Academy representative for my child. The Destiny Performing Arts & Learning Academy representative will not assume any financial responsibility for exercising this action. In accordance with Section 25.78 of the Civil Code of California, this authorization shall remain effective until revoked in writing and delivered to Destiny Performing Arts & Learning Academy.
- 6) I hereby agree to comply with all policies and procedures of Destiny Performing Arts & Learning Academy in accordance with the acknowledgement of receiving a copy of the 2017–2018 Fee Schedule.
- 7) I understand Destiny Performing Arts & Learning Academy shall be entitled to dismiss or expel my child at any time with cause.
- 8) This Agreement is made by mutual consent, and I or the school may terminate this agreement at any time, with or without cause. The obligations of Destiny Performing Arts & Learning Academy shall be



excused hereunder if Destiny Performing Arts & Learning Academy fails to perform its obligations hereunder because of strikes, lockouts, labor disputes, embargoes, acts of God, governmental restrictions, governmental regulations, governmental controls, judicial orders, enemy or hostile governmental action, civil commotion, fire or other casualty, or other causes beyond the reasonable control of Destiny Performing Arts & Learning Academy. Tuition will be prorated in accordance to the Fee Schedule.

- 9) Upon termination of this Agreement or completion of the school year, I/we shall continue to be jointly and severally liable to Destiny Performing Arts & Learning Academy for any and all financial obligations theretofore accruing under this Agreement, together with interest thereon at the maximum rate permitted by law. I understand that Destiny Performing Arts & Learning Academy will notify subsequent schools if there is an outstanding balance at the time of transfer to the new school.
- 10) In any litigation or other proceeding by which one party either seeks to enforce its rights under this Agreement or seeks a declaration of any rights or obligations under this Agreement, the prevailing party shall be awarded reasonable attorney's fees, together with any costs and expenses, to resolve the dispute and to enforce their final judgment.

Father/Guardian (Print)	
Mother/Guardian (Print)	_
Father/Guardian Signature	_
	_ Date:
Mother/Guardian Signature	
	_ Date:

Destiny Performing Arts & Learning Academy —

44628 10th Street West – Lancaster, CA 93534 (661-582-8179)

DPALA VIDEO/PHOTOGRAPH RELEASE FORM

in the Learning Academy and other websites and in publications, promotional flyers, educat materials, derivative works, or for any other similar purpose without compensation to me. I understand and agree that such photographs and/or video recordings of my child may be placed or Internet. I waive the right to approve the final product. I agree that all such portraits, piet photographs, video and audio recordings, and any reproductions thereof, and all plates, negative recording tape and digital files are and shall remain the property of the Learning Academy. I hereby release, acquit and forever discharge the Destiny Performing Arts and Learning Academy current and former trustees, agents, officers and employees of the above-named entities from any and claims, demands, rights, promises, damages and liabilities arising out of or in connection with the use distribution of said photographs and/or video recordings, including but not limited to any claims invasion of privacy, appropriation of likeness or defunction. If individual photographed/recorded is under eighteen (18) years old, the following section must completed: I have read and I understand this document. I understand and agree that it is binding on my child (named above), our heirs, assigns and personal representatives. I acknowledge that I cighteen (18) years old or more and that I am the parent or guardian of the child named above. Signature of Parent/Guardian of Individual Photographed/Recorded Date Printed Name of Parent/Guardian:	to use photographs and/or video recordings of my child (ren)	irrevocable right and permission
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	my child (named above), our heirs, assigns and percond representation	agree that it is binding on me.
	Signature of Parent/Guardian of Individual Photographed/Recorded	Data
		Date
Signature of Witness	Signature of Witness	
Date		Date

DPALA OUTING PERMISSION FORM

Dear Parent or Guardian,

Here at DPALA we go on regular local outings. This form is a consent that you are allowing the DPALA Staff to take your child(ren) along on these trips without daily permission.

If and/or when there is a field trip outside of the area or to a theme park there will be a Trip Slip sent home with your child specifically for that event.

I, the parent/guardian of	, wish for my son/daughter to
I do hereby expressly and knowingly release and disc and agents from any and all liability arising out of any son/daughter in the course of his/her participating in the	
Signature	
Date	
Relationship to Student	
I, the parent/guardian of	, wish for my son/daughter to
I consent to any and all emergency medical treatment, School's staff or authorized agent being provided for the without any further request for permission from me.	as deemed necessary by the DPALA e above child without notice to me and
Signature	
Date	
Relationship to Student	

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	School Attending				
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MEDICAL DISCLOSURE FORM

CHILD'S	· .
NAME	
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Date of Birth / /	
Date of Dirti	
Please list any allergies your child may	have.
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Food:	
-	
Other:	
Special instructions for my child:	
The state of the s	
7	
Emergency contact:	
Name:	
Phone:	
In ease of an emergency I	•
In case of an emergency, I give permission for	my child to receive medical treatment.
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Parent/Guardian signature	Date

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Father/Guardian (Print)	
Mother/Guardian (Print)	_
Father/Guardian Signature	_
	_ Date:
Mother/Guardian Signature	
	_ Date:

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to use photographs and/or video recordings of my child (ren)	ne irrevocable right and permission
materials, derivative works, or for any other similar purpose without co	, promotional flyers, education mpensation to me.
I understand and agree that such photographs and/or video recordings Internet. I waive the right to approve the final product. I agree photographs, video and audio recordings, and any reproductions the recording tape and digital files are and shall remain the property of the I	that all such portraits, pictures
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iny child (named above), our heirs, assigns and personal representations and the parent or guardian of the cighteen (18) years old or more and that I am the parent or guardian of the cighteen of Parent/Guardian of Individual Photographed/Recorded	nd agree that it is binding on me, ives. I acknowledge that I am a child named above.

DPALA OUTING PERMISSION FORM

Dear Parent or Guardian,

Here at DPALA we go on regular local outings. This form is a consent that you are allowing the DPALA Staff to take your child(ren) along on these trips without daily permission.

If and/or when there is a field trip outside of the area or to a theme park there will be a Trip Slip sent home with your child specifically for that event.

the parent/guardian of participate in the regular local outings.	, wish for my son/daughter to
I do hereby expressly and knowingly rele-	ase and discharge the DPALA School, its employees g out of any injury or harm which may result to my cipating in these regular local outings.
Signature	
Date	
Relationship to Student	
I, the parent/guardian ofparticipate in the regular local outings.	, wish for my son/daughter to
I consent to any and all emergency madical	treatment, as deemed necessary by the DPALA
Signature	
Date	
Relationship to Student	