

Destiny Performing Arts Learning Academy

2020-2021 Enrollment Application

44628 10th Street West

Lancaster, CA 93534

661-582-8179

www.destinychristiancenterinternational.com

Date _____ Start Date _____

Student

Last Name _____ First Name _____ Grade Entering _____

Address _____

Phone() _____ Sex _____ Date of Birth _____ City _____ State _____ Zip _____

Ethnic Background: _____ African American _____ American Indian _____ Asian _____ Hispanic _____

_____ White _____ Native Hawaiian _____ Other _____

How did you learn about D.P.A.L.A.? _____

Siblings

Last Name _____ First Name _____ Age _____

Grade _____ School Attending _____

Last Name _____ First Name _____ Age _____

Grade _____ School Attending _____

Parent/Guardian Father's Email Address _____ Mother's Email Address _____

(with whom student is living)

Father _____ Last Name _____ First Name _____ Phone() _____

Sep-father _____ Address _____

Guardian _____ Employer _____ Work Phone() _____ City _____ State _____ Zip _____

Mother _____ Last Name _____ First Name _____ Phone() _____

Sep-mother _____ Address _____

Guardian _____ Employer _____ Work Phone() _____ City _____ State _____ Zip _____

Cell () _____

NAME AND ADDRESS OF PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT IF DIFFERENT FROM ABOVE

Name _____ SS# _____ Phone() _____

Address _____ Relationship _____

City _____ State _____ Zip _____

Student Pre-transport School

Name _____ Phone() _____

Address _____

Admission Information

1. Admission to DPALA is based on the past performance of the student, standard test results, and the commitment of student and parent to school philosophy and policy.
2. Every student must submit the following records for admission.
 - Proof of birth
 - Current immunization
 - Most recent report card
 - Testing scores (if available)
 - Kindergarten and first grade students must also have a doctor's physical.
3. Incoming Kindergarten students must be 5 years of age by September 1, 2017.
4. Incoming students will have a principal's interview as well as any required testing prior to acceptance for admission.
5. Church affiliation is not a pre-requisite for consideration to DPALA, however all families are encouraged to be involved in a local church of their own choosing. Students must respect the beliefs and teachings of DCC.
6. There is no refund or credit for student absence, for any reason.
7. Space is secured for an incoming student when the required records listed above have been submitted, all registration, books, and admission fees have been paid, and when the principal has accepted the student for admission.

Financial Agreement

I understand that payments are due on the 1st of the month and will be considered late if not paid and received by the 5th of the month. A monthly late fee of \$25.00 will be assessed on any payments not received by the due date. A \$25.00 returned check fee will be charged on any returned checks. I am responsible for keeping my account current and should I fall 10 days behind, my child will be asked not to return to school until my account is made current. This document serves as promissory note and I promise to pay all payments when they are due. If my child withdraws I am responsible for the tuition for that month or any part of the month.

Parent/Guardian Signature _____

MEDICAL DISCLOSURE FORM

CHILD'S

NAME _____

Date of Birth

/ /

Please list any allergies your child may have.

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.

Parent/Guardian signature

Date

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

Terms and Conditions

2019-2020

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 & Learning 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.

5) 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

Terms and Conditions

2019-2020

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

I hereby grant The Destiny Performing Arts and Learning Academy the irrevocable right and permission to use photographs and/or video recordings of my child (ren) _____

in the Learning Academy and other websites and in publications, promotional flyers, educational 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 on the Internet. I waive the right to approve the final product. I agree that all such portraits, pictures, photographs, video and audio recordings, and any reproductions thereof, and all plates, negatives, 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, its current and former trustees, agents, officers and employees of the above-named entities from any and all claims, demands, rights, promises, damages and liabilities arising out of or in connection with the use or distribution of said photographs and/or video recordings, including but not limited to any claims for invasion of privacy, appropriation of likeness or defamation.

If individual photographed/recorded is under eighteen (18) years old, the following section must be completed: I have read and I understand this document. I understand and agree that it is binding on me, my child (named above), our heirs, assigns and personal representatives. I acknowledge that I am eighteen (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: _____

Signature of Witness

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 participate in the regular local outings.

I do hereby expressly and knowingly release and discharge the DPALA School, its employees and agents from any and all liability arising out of any injury or harm which may result to my son/daughter in the course of his/her participating in these regular local outings.

Signature

Date

Relationship to Student

I, the parent/guardian of _____, wish for my son/daughter to participate in the regular local outings.

I consent to any and all emergency medical treatment, as deemed necessary by the DPALA School's staff or authorized agent being provided for the above child without notice to me and without any further request for permission from me.

Signature

Date

Relationship to Student



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How did you learn about D.PALA? _____

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Last Name _____ First Name _____ Age _____

Grade _____ School Attending _____

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Grade _____ School Attending _____

Parent/Guardian (with whom student is living) _____

Father's Email Address _____ Mother's Email Address _____

Father _____ Last Name _____ First Name _____ Phone() _____

Step-father _____ Address _____

Guardian _____ Employer _____ Work Phone() _____ City _____ State _____ Zip _____

Mother _____ Last Name _____ First Name _____ Phone() _____

Step-mother _____ Address _____

Guardian _____ Employer _____ Work Phone() _____ City _____ State _____ Zip _____

NAME AND ADDRESS OF PERSON RESPONSIBLE FOR PAYMENT OF ACCOUNT IF DIFFERENT FROM ABOVE

Name _____ Relationship _____ SS# _____ Phone() _____

Address _____

City _____ State _____ Zip _____

Student Present on Bus School

Name _____ Phone() _____

Address _____

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NAME _____

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Printed Name of Parent/Guardian: _____

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Signature

Date

Relationship to Student

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Signature

Date

Relationship to Student

