

Divinum Auxilium Academy
 6294 Browntown Rd.
 Front Royal, VA 22630
 (540) 631-0086

2017 – 2018 Enrollment Application and Tuition Agreement

Family Information:

Last Name: _____ Father: _____ Mother: _____

Address: _____

Primary Contact Phone: _____ Cell Phone Father: _____ Mother: _____

Email Address: Father _____ Mother: _____

Occupation: Father: _____ Mother: _____

Religious Denomination: Father: _____ Mother: _____

Permission to Photograph (for school/atrium related promotional materials): Yes _____ No _____

Names, birthdates and program choices for *enrolling children only*:

First Name	Date of Birth	Primary			Pre-Grammar	Grammar	Atrium Only	Atrium Only	Atrium Only
		½ Day	Full Day	Full Day	Full Day	Full Day	Level 1	Level 2	Level 3

Names and birthdates for *non-enrolling* siblings:

First Name	Age	Date of Birth
------------	-----	---------------

I hereby acknowledge and represent that the information provided in this application is true, correct and complete to the best of my knowledge.

Parent Signature: _____ Date: _____

Individual Child's Information: (please complete this page for each individual child)

Child's Full Name: First/Middle/Last _____

Date of Birth: _____ Age as of Sept. 30, 2016: Years. _____ Months. _____ Sex: _____

Please indicate by checking the box the age/grade category for *this* child:

Primary Montessori 3-6 years Includes Kindergarten or 1 st grade depending on DOB	Lower Elementary Montessori 6-8 years 1 st thru 2 nd grades	Pre Grammar School 8-11 years 3 rd thru 5 th grades	Grammar School 11-14 years 6 th thru 8 th grades	All-Girls High School Launch Planned for Fall 2018	Atrium Only Level 1 3-6 years	Atrium Only Level 2 6-9 years	Atrium Only Level 3 9-12 years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Primary, is your child toilet trained?: Yes _____ No _____

Is your child baptized?: Yes _____ No _____

Does your child nap? Yes _____ No _____ If yes, when and for how long?: _____

Does your child dress independently? Yes _____ No _____

All others, has your child received First Holy Communion? Yes _____ No _____, Month/Year: ___/___

If no, will he or she be receiving First Holy Communion this year? Yes _____ No _____

If a rising 7th grader, will your child begin the 2 year preparation for Confirmation this year? Yes ___ No ___

Describe any special circumstances surrounding your child's birth: _____

How do you anticipate your child will react to a new school/atrium situation? _____

How many hours per day/week does your child watch television or play video games? _____

Does your child have extended family in the area? Yes _____ No _____ If yes, please describe: _____

Describe briefly your child's temperament: _____

What types of activities does your child enjoy?: _____

Please describe your child's previous school, Montessori and/or atrium experience(s) with number of years/age attended: _____

Please describe your child's level of proficiency with reading: _____

Please describe your child's level of proficiency with writing: _____

Please describe your child's level of proficiency with mathematics: _____

Please describe any allergies we should be aware of (this particularly pertains to food allergies for children in the Primary Montessori class who prepare and share a communal snack each morning): _____

Are there other medical conditions/medications we need to be aware of?: _____

Anything else you'd like us to know?: _____

Please list any family members or friends that you authorize to collect your child(ren) from school or atrium: (Please note that we will not release your child(ren) to anyone who is not on this list. Additions or deletions must be submitted in writing and signed by a parent.)

1) _____ Relationship: _____

2) _____ Relationship: _____

3) _____ Relationship: _____

4) _____ Relationship: _____

5) _____ Relationship: _____

Divinum Auxilium Academy admits students of any race, color, national and ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color or national and ethnic origin in administration of its educational policies, admissions policies, scholarship and/or loan programs, and athletic and other school administered programs.

Tuition Agreement: (please complete this agreement for all enrolling children combined)

Please indicate the **name and age (as of Sept. 30)** of each child you are enrolling at each level:

Primary Montessori 4 Half Days (Ages 2 ½ to 4 ½ years or Pre-Kindergarten):

Primary Half Day	Primary Half Day Sibling with 10% Discount*	Primary Half Day Sibling with 20% Discount*	Primary Half Day Sibling with 30% Discount*
\$3450.00	\$3105.00	\$2760.00	\$2415.00
Name/Age:	Name/Age:	Name/Age:	Name/Age:

Primary Montessori 4 Full Days (Ages 4 ½ to 6 years or Pre-K through Kindergarten or 1st Grade depending on DOB):

Primary Full Day	Primary Full Day Sibling with 10% Discount*	Primary Full Day Sibling with 20% Discount*	Primary Full Day Sibling with 30% Discount*
\$4505.00	\$4054.50	\$3604.00	\$3153.50
Name/Age:	Name/Age:	Name/Age:	Name/Age:

Lower Elementary Montessori 4 Full Days (Ages 6-8 years or 1st through 2nd Grades):

Lower Elementary Full Day	Lower Elementary Full Day Sibling with 10% Discount*	Lower Elementary Full Day Sibling with 20% Discount*	Lower Elementary Full Day Sibling with 30% Discount*
\$4638.00	\$4174.00	\$3710.00	\$3247.00
Name/Age:	Name/Age:	Name/Age:	Name/Age:

Pre-Grammar School 4 Full Days (Ages 8-11 years or 3rd through 5th Grades):

Pre-Grammar Full Day	Pre-Grammar Full Day Sibling with 10% Discount*	Pre-Grammar Full Day Sibling with 20% Discount*	Pre-Grammar Full Day Sibling with 30% Discount*
\$4770.00	\$4293.00	\$3816.00	\$3339.00
Name/Age:	Name/Age:	Name/Age:	Name/Age:

Grammar School 4 Full Days (Ages 11-14 years or 6th through 8th Grades):

Grammar Full Day	Grammar Full Day Sibling with 10% Discount*	Grammar Full Day Sibling with 20% Discount*	Grammar Full Day Sibling with 30% Discount*
\$5115.00	\$4603.50	\$4092.00	\$3580.50
Name/Age:	Name/Age:	Name/Age:	Name/Age:

All Girls High School 5 Full Days: Launch Planned for Fall 2018

All Girls High School Full Day	All Girls High School Full Day Sibling with 10% Discount*	All Girls High School Full Day Sibling with 20% Discount*	All Girls High School Full Day Sibling with 30% Discount*
\$0.00	\$0.00	\$0.00	\$0.00
Name/Age:	Name/Age:	Name/Age:	Name/Age:

Catechesis of the Good Shepherd (Atrium) Only: Level 1 (age 3-6), Level 2 (age 6-9), Level 3 (age 9-12)

Atrium Only	Atrium Only with 10% Sibling Discount*	Atrium Only with 20% Sibling Discount*	Atrium Only with 30% Sibling Discount*
\$535.00	\$481.50	428.00	\$374.50
Name/Age:	Name/Age:	Name/Age:	Name/Age:
Level & Preferred Session:	Level & Preferred Session:	Level & Preferred Session:	Level & Preferred Session:

***Sibling Discounts:**

When enrolling multiple children, please select the full-priced option for the oldest child. After this, the 10% sibling discounted rate applies for the next oldest child, the 20% discounted rate applies for the next oldest, and the 30% discounted rate applies for the youngest child being enrolled in their respective programs. After the 4th enrolled child, the discount continues at 30% per child with an annual family cap of \$15,000.00

Payment Options for Four Day Academic Programs:

Option 1: Single Payment (receives a \$50 tuition discount per child if paid in full by August 15th, 2017)

Option 2: Two Semester Installments (receives a \$25 tuition discount per child if paid by the semester deadline. The 1st payment of 50% due August 15th, 2017 and 2nd payment of 50% due January 5th, 2018)

Option 3: Nine Monthly Installments (total tuition amount divided by 9 months and due by the 5th of each month beginning with the first payment due on Sept. 5th, 2017 and ending with the last payment due on May 5th, 2018)

Payment Options for Catechesis of the Good Shepherd (Atrium Only) Programs:

Option 1: Single Payment (receives a \$10 tuition discount per child if paid in full by August 15th, 2017)

Option 2: Two Semester Installments (receives a \$5 tuition discount per child if paid by the semester deadline. The 1st payment of 50% due August 15th, 2017 and 2nd payment of 50% due January 5th, 2018)

Option 3: Nine Monthly Installments (total tuition due amount divided by 9 months and due by the 5th of each month beginning with the first payment due on Sept. 5th, 2017 and ending with the last payment due on May 5th, 2018)

Deposit: Please include a 10% deposit of the total tuition with this application in order to reserve a place.

Tuition Calculator:

Subtotal Tuition (per grid above): \$ _____ (A)
 Minus 10% included deposit of: - \$ _____ (B)
 Minus Tuition Assistance: - \$ _____ (C)
 Total Tuition Due: \$ _____ (D)

Payment Options:

<p>Payment Option One:</p> <p>Total Tuition Due: (from Line D above): \$ _____</p> <p>Minus Option 1 discount: \$ _____</p> <p>Total Tuition Due by Aug. 15th, 2017 \$ _____</p>	<p>Payment Option Two:</p> <p>Total Tuition Due: (from Line D above): \$ _____</p> <p>Minus Option 2 discount: \$ _____</p> <p>Total Tuition Due by Aug. 15th, 2017 \$ _____</p> <p>Total Tuition Due by Jan. 5th, 2018 \$ _____</p>	<p>Payment Option Three:</p> <p>Total Tuition Due: (from Line D above): \$ _____</p> <p>Total Monthly Installment due by the 5th of each month beginning Sept. 5th, 2017 and ending May 5th, 2018 for 9 consecutive months: \$ _____</p>
---	--	---

I have read and agree to the payment schedule selected: (Please make checks payable to: Divinum Auxilium Academy and mailed to 6294 Browntown Rd., Front Royal, VA 22630)

Please indicate if you will be applying for tuition assistance. Please submit the Deposit and Tuition Agreement as per the full tuition amount. Once tuition assistance awards have been determined a revised Tuition Agreement will be provided for your signature and awards deducted from the remaining balance. Payment Option discounts cannot be combined with tuition assistance awards.

Parent: _____ Date: _____

(Print): _____

Parent: _____ Date: _____

(Print): _____

Divinum Auxilium Academy
Authorization for Emergency Treatment

I, _____, give my permission to the Emergency Room staff of any hospital or emergency care facility to examine and render emergency medical treatment which in their judgment may be deemed necessary in the care of _____, if brought in by a volunteer or staff of Divinum Auxilium Academy.

I will be fully responsible for payment of any and all necessary expenses in the medical treatment of my child.

Insurance Information:

Insurance Company:

ID/Policy Number:

Subscriber's Name:

Subscriber's Employer:

Subscriber's Telephone Number:

Child's Physician or Clinic:

Parent/Guardian Signature

Date

Divinum Auxilium Academy 2017-18 Academic Year
GENERAL WAIVER AND MEDICAL AUTHORIZATION – STUDENT

Please complete and return a signed copy of this form along with your enrollment packet.

(STUDENT NAME) _____ has my permission to participate in any Divinum Auxilium Academy sanctioned activity before, during or after school hours. These might include, but are not limited to: field trips, sporting activities, on or off-site enrichment classes, fundraising events or activities during the course of the school day.

Destination: NA

Departure Date & Time: NA

Return Date & Time: NA

Mode of Transportation: Bus: _____ Car: _____ Other (Explain):

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I understand that I hold Divinum Auxilium Academy, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation these activities.

I fully understand that participants are to abide by all rules and regulations governing conduct while participating in a school related activity. Any violation of these rules and regulations may result in that individual being sent home at the parents' expense.

(Parent/Guardian Signature) (Phone #'s where you can most reliably be reached) Date

(Medical Insurance Carrier) (Policy No.)

YES, _____ I can be available to drive for off-site activities, and will be notified if I am needed to do so. Other than front seats, I have _____ seat belts in my car.

A special note to parents/guardians:

- (1) All medications must be registered on this form;
- (2) All medications, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff;
- (3) ___ Check here if there are no special conditions that the staff should be aware of and no drugs are required for this student;
- (4) ___ Check here if a CHILD RESTRAINT SYSTEM is required for off-site travel.
- (5) If any medication or drugs are to be taken by student, list them here:
Names of drugs and reasons:

If your son or daughter has anything in his/her medical history that you feel we should be aware of, kindly describe it here. _____

