

*Divinum Auxilium Academy*

6294 Browntown Rd.

Front Royal, VA 22630

(540) 631-0086

**2018 – 2019 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 ½ Day	Lower El. Full Day	Pre-Grammar Full Day	Grammar Full Day	Atrium Only Level 1	Atrium Only Level 2	Atrium Only Level 3
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Names and ages of *non-enrolling* siblings:

First Name	Age

*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, 2018: 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 <sup>st</sup> grade depending on DOB	Lower Elementary Montessori 6-8 years 1 <sup>st</sup> thru 2 <sup>nd</sup> grades (or 3 <sup>rd</sup> grade depending on assessment)	Pre Grammar School 8-11 years 3 <sup>rd</sup> thru 5 <sup>th</sup> grades	Grammar School 11-14 years 6 <sup>th</sup> thru 8 <sup>th</sup> grades	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"/>

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 7<sup>th</sup> 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?: \_\_\_\_\_

Child's Name \_\_\_\_\_

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 page 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 and Atrium (Ages 2 ½ to 4 ½ years or Pre-Kindergarten):**

Primary Half Day And Atrium	Primary Half Day Sibling with 10% Discount*	Primary Half Day Sibling with 20% Discount*	Primary Half Day Sibling with 30% Discount*
\$4000.00	\$3600.00	\$3200.00	\$2800.00
Name/Age:	Name/Age:	Name/Age:	Name/Age:

**Primary Montessori 4 Full Days and Atrium (Ages 4 ½ to 6 years or Pre-K through Kindergarten or 1<sup>st</sup> Grade depending on DOB):**

Primary Full Day And Atrium	Primary Full Day Sibling with 10% Discount*	Primary Full Day Sibling with 20% Discount*	Primary Full Day Sibling with 30% Discount*
\$5300.00	\$4770.00	\$4240.00	\$3710.00
Name/Age:	Name/Age:	Name/Age:	Name/Age:

**Lower Elementary Montessori 4 Full Days and Atrium (Ages 6-8 years or 1<sup>st</sup> through 2<sup>nd</sup> Grades):**

Lower Elementary Full Day And Atrium	Lower Elementary Full Day Sibling with 10% Discount*	Lower Elementary Full Day Sibling with 20% Discount*	Lower Elementary Full Day Sibling with 30% Discount*
\$5800.00	\$5220.00	\$4640.00	\$4060.00
Name/Age:	Name/Age:	Name/Age:	Name/Age:

**Pre-Grammar School 4 Full Days and Atrium (Ages 8-11 years or 3<sup>rd</sup> through 5<sup>th</sup> Grades):**

Pre-Grammar Full Day And Atrium	Pre-Grammar Full Day Sibling with 10% Discount*	Pre-Grammar Full Day Sibling with 20% Discount*	Pre-Grammar Full Day Sibling with 30% Discount*
\$6300.00	\$5670.00	\$5040.00	\$4410.00
Name/Age:	Name/Age:	Name/Age:	Name/Age:

**Grammar School 4 Full Days and Atrium (Ages 11-14 years or 6<sup>th</sup> through 8<sup>th</sup> Grades):**

Grammar Full Day And Atrium	Grammar Full Day Sibling with 10% Discount*	Grammar Full Day Sibling with 20% Discount*	Grammar Full Day Sibling with 30% Discount*
\$6800.00	\$6120.00	\$5440.00	\$4760.00
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*
\$550.00	\$495.00	\$440.00	\$385.00
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 4<sup>th</sup> enrolled child, the discount continues at 30% per child with an annual family cap of \$20,000.00

**Payment Options for Four Day Academic Programs:**

Option 1: Single Payment (receives a \$75 tuition discount per child if paid in full by September 1st, 2018)

Option 2: Two Semester Installments (receives a \$50 tuition discount per child if paid by the semester deadline. The 1<sup>st</sup> payment of 50% due September 1st, 2018 and 2<sup>nd</sup> payment of 50% due January 1<sup>st</sup>, 2019)

Option 3: Nine Monthly Installments (total tuition amount divided by 9 months and due by the 1<sup>st</sup> of each month beginning with the first payment due on September 1<sup>st</sup>, 2018 and ending with the last payment due on May 1<sup>st</sup>, 2019)

**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 September 1<sup>st</sup>, 2018)

Option 2: Two Semester Installments (receives a \$5 tuition discount per child if paid by the semester deadline. The 1<sup>st</sup> payment of 50% due September 1<sup>st</sup>, 2018 and 2<sup>nd</sup> payment of 50% due January 1<sup>st</sup>, 2019)

Option 3: Nine Monthly Installments (total tuition due amount divided by 9 months and due by the 1<sup>st</sup> of each month beginning with the first payment due on September 1<sup>st</sup>, 2018 and ending with the last payment due on May 1<sup>st</sup>, 2019)

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

**Withdrawals and Refunds:** We consider a family's enrollment and deposit a well-intentioned commitment to enroll their children. If however a withdrawal becomes necessary, refunds on a pro-rated basis will be issued if the vacating seat can be filled. If the vacating seat cannot be filled you agree to pay the remaining tuition for the current school year.

Subtotal Tuition (per grid above): \$ \_\_\_\_\_ (A)

Minus 10% included deposit of: - \$ \_\_\_\_\_ (B)

Minus Tuition Assistance: - \$ \_\_\_\_\_ (C)

Total Tuition Due: \$ \_\_\_\_\_ (D)

**Payment Options:**

Payment Option One:  Total Tuition Due: (from Line D above): \$ _____  Minus Option 1 discount: \$ _____  Total Tuition Due by Sept. 1 <sup>st</sup> , 2018 \$ _____	Payment Option Two:  Total Tuition Due: (from Line D above): \$ _____  Minus Option 2 discount: \$ _____ Total Tuition Due by Sept. 1 <sup>st</sup> , 2018 \$ _____ Total Tuition Due by Jan. 1 <sup>st</sup> , 2019 \$ _____	Payment Option Three:  Total Tuition Due: (from Line D above): \$ _____  Total Monthly Installment due by the 1st of each month beginning Sept. 1st, 2018 and ending May 1 <sup>st</sup> , 2019 for 9 consecutive months:  \$ _____
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*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 (Please list all enrolled children's names here) \_\_\_\_\_, 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 2018-19 Academic Year

## GENERAL WAIVER AND MEDICAL AUTHORIZATION – STUDENT

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

(ALL STUDENT'S NAMES) \_\_\_\_\_

has/have 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 of 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. \_\_\_\_\_

\_\_\_\_\_