

Divinum Auxilium Academy

6294 Browntown Rd.

Front Royal, VA 22630

(540) 631-0086

2022 – 2023 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		Lower El.	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 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: _____

Returning Student Individual Child's Information: (Please complete the following page for *each individual returning child*)

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

Date of Birth: _____ Age as of Sept. 30, 2022: Years. _____ Months. _____ Sex: _____

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

Primary Lower Elementary Pre-Grammar Grammar

Atrium Only Level 1 Atrium Only Level 2 Atrium Only Level 3

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 _____

Are there any 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.) **This only needs to be filled out once per family.**

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

New Student Individual Child's Information: (please complete the following 2 pages for *each individual* child)

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

Date of Birth: _____ Age as of Sept. 30, 2022: Years. _____ Months. _____ Sex: _____

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

- Primary Montessori (3-6 years. Includes Kindergarten or 1st grade depending on DOB)
- Lower Elementary (ages 6-8 years, 1st and 2nd grades, 3rd grade may overlap with Pre-Grammar depending on needs of the child)
- Pre-Grammar (Ages 8-9 years, 3rd and 4th grades, 3rd grade may overlap with Lower Elementary depending on needs of the child)
- Grammar (Ages 10-12 years, 5th and 6th grades)
- Atrium Only Level 1 (3-6 years) Atrium Only Level 2 (6-9 years) Atrium Only Level 3 (9-12 years)

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 _____

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, and list a book that your child has recently read: _____

Does your child write in print and/or cursive? _____

What is your child's highest level of proficiency in writing? (Please check):

Letters Words Sentences Paragraphs

Which of the 4 basic math operations has your child already studied? (Check all that apply):

Addition Subtraction Multiplication Division

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.) **This only needs to be filled out once per family.**

1) _____ Relationship: _____

2) _____ Relationship: _____

3) _____ Relationship: _____

4) _____ Relationship: _____

5) _____ Relationship: _____

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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: \$4479.00 + \$25 materials fee

Name/Age: _____

Primary Half Day Sibling with 10% Discount*: \$4031.00 + \$25 materials fee

Name/Age: _____

Primary Half Day Sibling with 15% Discount*: \$3807.00 + \$25 materials fee

Name/Age: _____

Primary Half Day Sibling with 20% Discount*: \$3583.00 + \$25 materials fee

Name/Age: _____

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

Primary Full Day and Atrium: \$5934.00 + \$50 materials fee

Name/Age: _____

Primary Full Day Sibling with 10% Discount*: \$5341.00 + \$50 materials fee

Name/Age: _____

Primary Full Day Sibling with 15% Discount*: \$5044.00 + \$50 materials fee

Name/Age: _____

Primary Full Day Sibling with 20% Discount*: \$4747.00 + \$50 materials fee

Name/Age: _____

Lower Elementary Montessori 4 Full Days and Atrium (Ages 6–8-years, 1st and 2nd Grades. 3rd grade may overlap with Pre-Grammar depending on needs of the child):

Lower Elementary Full Day and Atrium: \$6494.00 + \$75 materials fee

Name/Age: _____

Lower Elementary Full Day Sibling with 10% Discount*: \$5845.00 + \$75 materials fee

Name/Age: _____

Lower Elementary Full Day Sibling with 15% Discount*: \$5520.00 + \$75 materials fee

Name/Age: _____

Lower Elementary Full Day Sibling with 20% Discount*: \$5195.00 + \$75 materials fee

Name/Age: _____

Pre-Grammar School 4 Full Days and Atrium (Ages 8-9 years, 3rd and 4th Grades. 3rd grade may overlap with Pre-Grammar depending on needs of the child):

Pre-Grammar Full Day and Atrium: \$7054.00 + \$100 materials fee

Name/Age: _____

Pre-Grammar Full Day Sibling with 10% Discount*: \$6349.00 + \$100 materials fee

Name/Age: _____

Pre-Grammar Full Day Sibling with 15% Discount*: \$5996.00 + \$100 materials fee

Name/Age: _____

Pre-Grammar Full Day Sibling with 20% Discount*: \$5643.00 + \$100 materials fee

Name/Age: _____

Grammar School 4 Full Days and Atrium (Ages 10-12 years, 5th and 6th Grades):

Grammar Full Day and Atrium: \$7614.00 + \$150 materials fee

Name/Age: _____

Grammar Full Day Sibling with 10% Discount*: \$6853.00 + \$150 materials fee

Name/Age: _____

Grammar Full Day Sibling with 15% Discount*: \$6472.00 + \$150 materials fee

Name/Age: _____

Grammar Full Day Sibling with 20% Discount*: \$6091.00 + \$150 materials fee

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: \$616

Name/Age: _____

Atrium Only with 10% Sibling Discount*: \$554

Name/Age: _____

Atrium Only with 15% Sibling Discount*: \$524

Name/Age: _____

Atrium Only with 20% Sibling Discount*: \$493

Name/Age: _____

***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 15% discounted rate applies for the next oldest, and the 20% discounted rate applies for the youngest child being enrolled in their respective programs. After the 4th enrolled child, the discount continues at 20% per child with an annual family cap of \$30,000.00*

Payment Options for Four Day Academic Programs:

Option 1: Single Payment (receives a 5% tuition discount per child if paid in full by **September 5th, 2022**)

Option 2: Monthly tuition will be deducted by ACH debit from bank account in nine monthly installments (Total Payment due amount: Line G) divided by 9 months and *due by the 5th of each month* beginning with the first payment due on *September 5th, 2022* and ending with the last payment due on *May 5th, 2023*) **

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

Option 1: Single Payment (receives a \$20 tuition discount per child if paid in full by **September 5th, 2022**)

Option 2: Monthly tuition will be deducted by ACH debit from bank account in nine monthly installments (Total payment due amount: Line G) divided by 9 months and *due by the 5th of each month* beginning with the first payment due on *September 5th, 2022* and ending with the last payment due on *May 5th, 2023*) **

Deposit: Please include a \$250 non-refundable deposit per child with this application in order to reserve a place. This amount will be applied to tuition. Your child/children will be considered enrolled once the deposit has been paid.

Volunteer Hours:

Volunteerism is an essential component of your family's participation in, and support of our school/Atrium community. School families will complete 15 hours, and Atrium families, 3 hours per year. You have the option to buy-out of the volunteer hours by including \$300 per school family and \$60 per Atrium family with your registration. Volunteer hours that have not been either submitted or pledged by April 1, 2023 will be billed for any remaining hours at a rate of \$20/hour.

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 for reasons of extreme emergency*, 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.**

Trial Period: *Acceptance is provisional based on a 3-week trial period. We reserve the right to withdraw the provisional acceptance of a student for any reason. If within 3 weeks we determine the acceptance can no longer be honored, you will be notified and a refund of tuition minus application fee (if applicable), deposit, and 3 weeks of tuition, will be issued.*

Total Tuition (per grid above): \$ _____ (A)
Minus Option 1 Discount: \$ _____ (B)
Materials Fee: \$ _____ (C)
Volunteer Hours Buy-Out \$ _____ (D)
Minus included deposit of: - \$ _____ (E)
Minus Tuition Assistance: - \$ _____ (F)
Total Payment Due: \$ _____ (G)

*Acts of God, physical/mental disability with confirmation from a doctor, loss of sole breadwinner income.

Late Fee:

**The due date for monthly tuition is the fifth of each month; September through May. A late fee of \$25 will automatically be assessed if payment is not received by the end of the school day on the 5th of the month. (If there are financial circumstances that preclude you from paying by the due date, we are happy to work with you to set up financial arrangements, but *you must contact the office by the 1st.*)

Tuition payments over 30 days in arrears warrants automatic suspension until account becomes current.

Payment Options:

Payment Option One: Total Payment Due by *Sept. 5th, 2022* (From Line G above) \$ _____

Payment Option Two: Total Payment Due: (from Line G above): \$ _____

Total Monthly Installment due by the 5th of each month beginning *Sept. 5th, 2022* and ending *May 5th, 2023* for 9 consecutive months: \$ _____

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

Please indicate if you will be applying for tuition assistance and fill out the attached financial aid application. 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. The Payment Option 1 discount and Tuition Assistance awards cannot be combined. *Tuition Assistance must be requested by May 1, 2022 and awards will be determined by May 20, 2022.*

All families receiving tuition assistance will be required to be on the school weekly cleaning schedule. You will be contacted in August with this information.

Parent: _____ Date: _____

(Print): _____

Parent: _____ Date: _____

(Print): _____

BOTH parents are required to sign form.

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

**This form is valid unless revoked in writing by parent, or student(s) is/are no longer enrolled at
Divinum Auxilium Academy.**

Divinum Auxilium Academy

GENERAL WAIVER AND MEDICAL AUTHORIZATION – STUDENT

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

(ALL STUDENTS' 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.

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.)

A special note to parents/guardians:

- All medications must be registered on this form
- All medications, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by the staff
- **This form is valid unless revoked in writing by parent, or student(s) is/are no longer enrolled at Divinum Auxilium Academy**

____ Check here if there are no special conditions that the staff should be aware of and no drugs are required for this student;

____ Check here if a CHILD RESTRAINT SYSTEM is required for off-site travel.

If any medication or drugs are to be taken by student, list them here along with the reason for taking them:

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

DIVINUM AUXILIUM

— Divine Assistance Academy —



Financial Aid application for the 2022-2023 School Year

Due Date: *May 15, 2022*

This year we will be performing a need-based analysis modeled after the FAFSA (Free Application for Federal Student Aid) to determine the effective family contribution of each family which applies for financial aid. Each financial aid award will be based on this analysis and the total amount of distributable funds available from our fundraising efforts.

Please provide the following details if you would like to be considered for financial tuition assistance:

Parent applicant name (first and last): _____

Names of children attending Divinum Auxilium: _____

Total number of children: _____

Total number of children in school (K-12):

Children in school	School	Grade	Cost of Attendance
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			
Child 6			
Child 7			

AGI per your 2021 tax return: _____

Is your AGI expected to change significantly in the current year? If so, please provide an estimate of your expected 2022 AGI.

Yes No

Explain if Yes: _____

Please submit this completed form along with a photocopy of the first page of your federal tax return (for income verification).

Signature of Parent Applicant Date