

Name: _____

D.O.B.: _____

Class: _____

Admission Date: _____



DOMINION LIFESTYLE ACADEMY

Raising Pacesetters & Role Models

2020-2021

Application for Admission

14030 BEECHNUT STREET, HOUSTON, TX 77083
WWW.DICHOUSTON.COM/DLA



DOMINION LIFESTYLE ACADEMY

14030 Beechnut Street Houston, TX, 77083

Tel: (281) 606-2780; Fax: (281)293-9583; dla@dominionlifestyle.org

LETTER FROM THE ADMINISTRATOR

Dear Parent:

Thank you for your interest in Dominion Lifestyle Academy where we raise pacesetters and role models! We are truly honored that you have considered us as your child's primary education provider. We are certain that you will find our services to be unmatched in academic standards, excellence, learning experience & learning environment.

Enclosed are the DLA and State-required admission documents. Please **completely fill out ALL** fields within the packet. Applications are due back in the school office at least one week before your child's start date. A child class-placement test for new students (ages 2 and up) and parent interview are required for admission into the Academy. The class placement test includes a series of questions that will help assess your child academically and aid in class placement.

Upon completion of your application, please call our office to schedule a date for both the placement test and interview. The following should be brought to the appointment:

- Completed Application packet
- Personal Admission documents (*see next page*)
- Registration & Curriculum Fees

Thank you once again for your interest in Dominion Lifestyle Academy. We look forward to welcoming your child to our company of pacesetters and role models!

In His Service,

DLA Administrator



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ADMISSIONS CHECKLIST

Child's Name: _____ Class: _____

Admission Forms

- ☐ Completed & Signed Registration Form
- ☐ Completed Child Assessment Form
- ☐ Completed Allergy Form
- ☐ Signed Health & Illness Policy
- ☐ Signed Discipline and Guidance Policy
- ☐ Completed CACFP Forms – 2 forms
- ☐ Signed Financial Agreement
- ☐ Tuition Express Enrollment Form & EFT Authorization.
- ☐ Signed Parent Agreement
- ☐ Admission Interview Summary (to be signed after interview is complete)

Admission Personal Documents

- ☐ Copy of Immunization Records
- ☐ Hearing and Vision screening results (Children 4 years and older)
- ☐ Copy of Kindergarten Report Card (Children accepted to the 1st Grade Class)
- ☐ Copy of Birth Certificate
- ☐ Copy of Parent's Driver's License or valid Photo ID
- ☐ Copy of Social Security Card

Fees

Amount Paid

- | | |
|---|-------|
| <input type="checkbox"/> Registration Fee _____ | _____ |
| <input type="checkbox"/> Curriculum Fee _____ | _____ |
| <input type="checkbox"/> Tuition _____/Week/Month | _____ |
| <input type="checkbox"/> Uniform ____/SL Polo/LS Polo/T-Shirt/Girls Tie/Boys Tie/ Skirt/Shirt | _____ |

Total Paid: _____



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APPLICATION FORM

Non-Discrimination Policy: Dominion Lifestyle Academy admits students of any race, color, nationality and ethnic origin to all rights, privileges, programs, and activities that are normal to all students at the school. We do not discriminate on the basis of race, color, nationality or ethnic origin. This is a Christian school and applicants are aware that the Christian faith, ethics, principles and religious practices will be taught to our students.

NEW STUDENT ADMISSION REQUIREMENTS

This form must be completely filled out and accompanied by the following: Registration Fee, Curriculum Fee, Social Security Card, Birth Certificate, Immunization Records, Copy of Parent's Driver's License or valid Photo ID.

| | | | | |
|---|--|--|--|----------------------------|
| STUDENT'S INFORMATION | | | | |
| Child's Name: (Last) | | (First) | (Middle) | Social Security Number: |
| Date of Birth: (Month/ Day / Year) | | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | | Child's Home Telephone No. |
| Class Category: <input type="checkbox"/> Infant (0-17mths) <input type="checkbox"/> Toddler(18-23mths) <input type="checkbox"/> Pre-K2 (24-35mths) <input type="checkbox"/> Pre-K3 (3yrs) <input type="checkbox"/> Pre-K4 (4yrs) <input type="checkbox"/> Kindergarten (5yrs) <input type="checkbox"/> Before/After-School <input type="checkbox"/> Summer Camp Program | | | | |
| Child's Home Address | | | | |
| Days child will be in care: <input checked="" type="checkbox"/> Monday <input checked="" type="checkbox"/> Tuesday <input checked="" type="checkbox"/> Wednesday <input checked="" type="checkbox"/> Thursday <input checked="" type="checkbox"/> Friday | | | Hours child will be in care (Between 6.30 a.m. – 6:00 p.m.): | |
| Date of Admission: | | (Office Use Only) Date of Withdrawal & Reason for Withdrawal : | | |

| | | | | |
|---|--|------------------------|-------------------------|--|
| PARENT'S / GUARDIAN'S INFORMATION | | | | |
| List telephone numbers where parents/guardian may be reached while child will be in care: | | Father's Telephone No. | Mother's Telephone No. | Guardian's Telephone No. |
| Father's Name: (Last) | | (First) | Home Phone #: | Cell Phone #: Cell Phone Carrier (Ex. AT&T, Sprint): |
| Father's Home Address (if different from child's address): | | | Father's Email Address: | |
| Father's Employer Name: | | Father's Work Address: | | Father's Work Phone #: |
| Mother's Name: (Last) | | (First) | Home Phone #: | Cell Phone #: Cell Phone Carrier (Ex. AT&T, Sprint): |
| Mother's Home Address (if different from child's address): | | | Mother's Email Address: | |
| Mother's Employer Name: | | Mother's Work Address: | | Mother's Work Phone #: |

| | |
|---|--|
| CHECK ALL THAT APPLY: | |
| 1. <input type="checkbox"/> TRANSPORTATION: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – consent for my child to be transported and supervised by the operation's employees: <input type="checkbox"/> Check box for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school | |
| 2. <input type="checkbox"/> FIELD TRIPS: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Field Trips: | |
| Parent's Comments: | |
| 3. <input type="checkbox"/> WATER ACTIVITIES: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in Water Activities: <input type="checkbox"/> sprinkler play <input type="checkbox"/> splashing/wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> water table play | |
| 4. <input checked="" type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES. I acknowledge receipt of the facility's operational policies including those for discipline and guidance. | |
| 5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE: <input type="checkbox"/> None <input checked="" type="checkbox"/> Breakfast <input checked="" type="checkbox"/> AM Snack <input checked="" type="checkbox"/> Lunch <input checked="" type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack | |

| | | |
|--|---------|-------------------------------------|
| EMERGENCY CONTACT INFORMATION: | | |
| Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached: | | |
| Contact Name: (Last) | (First) | Contact Phone #: Alternate Phone #: |
| Contact Home Address (if different from child's address): | | Relationship: |



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Child's Name: _____
(Last) (First) (Middle)

PERSON'S AUTHORIZED TO PICK UP STUDENT:

I hereby authorize the childcare operation to allow my child to leave the childcare operation **ONLY** with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

| Name | Telephone Number(s) | Relationship |
|------|---------------------|--------------|
| | | |
| | | |
| | | |
| | | |

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

| | | |
|----------------------------------|------------------------------------|---|
| Child's Name: | Date of Birth: (Month/ Day / Year) | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Doctor's Name: | Doctor's Phone #: | |
| Doctor's Address: | | |
| Hospital Name: | Hospital Phone #: | |
| Hospital Address: | | |
| Parent's Name: | Parent's Emergency Phone #: | |
| Parent's Insurance Company Name: | Insurance Policy #: | Insurance Company Phone #: |

☐ I consent for Dominion Lifestyle Academy to secure any and all necessary emergency medical care for my child. **I hereby authorize Dominion Lifestyle Academy to take my child to the above named physician, hospital, and/or any hospital or emergency care facility, for emergency medical treatment in the event the parent, guardian or emergency contact cannot be reached.**

Signature - Parent or Legal Guardian

Date

List any special situations your child may have, such as **allergies**, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

SCHOOL AGE CHILDREN:

☐ My child attends the following school:

Name of School and Address

School Phone.#

CHECK ALL THAT APPLY:

☐ His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

☐ My child has permission to ride a bus, walk to and from school, and/or be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s): _____

Signature – Parent or Legal Guardian

Date



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HEALTH REQUIREMENTS

| | | | | | |
|--------------------------------|-----------------------------------|-----------------------------------|---------------|----------------|----------------|
| Name of Child: | | | | Date of Birth: | |
| IMMUNIZATIONS | Date / dose 1 | Date / dose 2 | Date / dose 3 | Date / dose 4 | Date / booster |
| DTP / DTaP / DT | | | | | |
| POLIO IPV or OPV | | | | | |
| MEASLES Rubeola / Serampion | | | | | |
| MUMPS | | | | | |
| RUBELLA | | | | | |
| Hib | | | | | |
| Hepatitis A | | | | | |
| Hepatitis B | | | | | |
| TB TEST (if required) | <input type="checkbox"/> Positive | <input type="checkbox"/> Negative | Date: | | |
| Varicella (see below) | | | | | |

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.

Parent's signature

Date

Signature of Health Care Professional: _____ Date: _____

For additional information regarding immunizations contact the Department of State Health Services at
http://www.dshs.state.tx.us/immunize/school_info.htm

IMMUNIZATION RECORD:

☐ I have provided the childcare operation with a copy of my child's most current immunization record

HEALTH STATEMENT

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented **when your child is admitted to the child-care operation or within one week of admission.**

Please check only one option:

- ☐ HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

Health Care Professional's Name _____ Signature _____ Date _____

- ☐ A signed and dated copy of a health care professional's statement is attached.
- ☐ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.
- ☐ My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

My child, _____ has the following activity restrictions: _____

He / She is currently using the following prescribed medications: _____

Signature – Parent of Legal Guardian

Date

| | | | |
|-----------------|---------|------------|---|
| VISION | R 20/ | L 20/ | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL |
| SIGNATURE _____ | | DATE _____ | |
| HEARING | 1000 Hz | 2000 Hz | 4000 Hz |
| R | | | |
| L | | | |
| | | | <input type="checkbox"/> PASS <input type="checkbox"/> FAIL |
| SIGNATURE _____ | | DATE _____ | |

** Please Drop off completed forms and supporting documentation at the Dominion Lifestyle Academy front desk

Dear Parent/Guardian, these questions are designed to give us the information needed to provide the best, most appropriate care for your child. Information is confidential and will not be shared without your written consent. Please complete both pages of this document.

| | | | |
|---|-----------------------------|------------------------|----------------------|
| Child Name (last, first, middle) | Social Security No.* | Enrollment Date | Date of Birth |
| Street Address (if rural, attach directions) | City | County | Zip |
| Mailing Address (if different) -- Street or P.O. Box | City | County | Zip |
| Telephone No. (include A/C) | | | |

* If applicable.

1. Health

| | | |
|---|------------------------------|-----------------------------|
| Does your child have any allergies? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If so, what allergies does your child have? | | |
| How should we respond if he/she has an allergic reaction? | | |
| Does your child have an existing illness? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Has your child had a previous serious illness or injury, or hospitalization during the past 12 months? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is your child taking any medication? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| If so, how is the medication administered, and will it need to be administered while he/she is in care? | | |
| Is the medication prescribed for continuous use? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there any side effects we should be alerted to? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Toileting:

| | | |
|---|------------------------------|-----------------------------|
| Does your child need assistance with toileting? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| How can we best help? | | |
| What are your ideas about toilet training? | | |
| How can we best help? | | |

3. Behavior:

| | | |
|---|------------------------------|-----------------------------|
| Does your child have any special fears? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| How does your child communicate his/her needs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are there any special words that your child uses that might not be readily recognized? | | |
| How do you tell your child to stop a behavior that you don't approve of or that might be dangerous? | | |
| When your child gets upset, what helps him/her calm down? | | |
| What is a good way to distract your child when he/she is having a temper tantrum? | | |
| Are there any particular routines that are particularly helpful at naptime? | | |
| What position is most comfortable for your child when he/she is napping? | | |

4. Eating Preferences:

| | | | |
|--|------------------------------|-----------------------------|--|
| What are your child's favorite foods? | | | |
| Does your child use utensils, eat with fingers, feed self? | | | |
| Does your child choke easily while eating? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |

5. Activities:

| | |
|--|--|
| What activities do you like to do with your child? | |
| What activities does your child like to do when playing with other children? | |
| What does your child like to do when he is playing alone? | |

6. Family History:

| | |
|---|--|
| Tell me about your family (i.e. child's parents, siblings, grandparents, and other extended family) | |
|---|--|

I verify that the above assessment was discussed with the parent(s) of _____

Signature of Director

Date Signed

I verify that the director appropriately relayed the information concerning my child's assessment.

Signature of Parent

Date Signed

Additional Comments:

| |
|--|
| |
|--|



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ALLERGIES

Please select one:

☐ My Child _____ has **no** Allergy
Child's Name

☐ My child _____ is allergic to the following food(s) or medicine(s):
Child's Name

Please explain Severity & Treatment: _____

Parent's Signature

Date

Please note! In order for DLA to make menu changes a Doctor's note must be submitted stating that there is a medical condition that prevents the student from eating certain food(s) and stating that it must be substituted.

Thanks for your cooperation in this matter!



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HEALTH / ILLNESS POLICY

If a child comes to school when he/she is not feeling well, he/she will be more vulnerable to infection. It is in the best interest of your child and of the other children at DLA to keep your child at home when he/she is ill or feeling too badly to remain in school. A child needs to be well to be able to participate actively in the program.

GUIDELINES

1. After a fever, a child's temperature must be normal (98.6) for 24 hours before he/she returns to school.
2. If a child is well enough to come to school, we will expect him/her to go outdoors with his/her class, weather permitting.
3. Often, children may ask to come to school even though they are ill. Although your child may be disappointed, please keep him/her at home if he/she is sick.
4. If your child becomes ill while at school and you are called, please cooperate by picking up your child promptly. We will not call unless your child needs to be at home. If we cannot reach you, we will attempt to reach the emergency contacts listed on our child's registration form.

INFANT & TODDLER ILLNESS POLICY

To protect all children's health, please keep your child home if he/she displays any of the following symptoms:

1. Fever (99.4° F or above), or has had one during the previous 24-hour period
2. Diarrhea, or has had diarrhea during the previous 24-hour period
3. Has vomited during the previous 24-hour period
4. Bronchitis symptoms, including hoarseness and/or cough
5. A severe cold that is accompanied with a fever and nose drainage
6. Heavy and or green/colored nasal discharge
7. Constant sneezing or a persistent cough
8. Skin eruptions or rash that has not been diagnosed by a doctor
9. Impetigo, chicken pox, measles, pink eye, or whooping cough

ADMITTING CHILDREN WITH AN INFECTIOUS DISEASE

Parents or guardians of any child enrolled in Dominion Lifestyle Academy or submitting an application for enrollment in the Academy must notify the Director of any medical condition requiring special attention or consideration. Children affected with an infectious disease must submit a physician's permit to re-enter school to the Director before the child can be readmitted.

Parent/Guardian Signature

Date



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Discipline and Guidance Policy for: Dominion Lifestyle Academy Name of Operation

- Discipline must be:
 1. Individualized and consistent for each child;
 2. Appropriate to the child's level of understanding; and
 3. Directed toward teaching the child acceptable behavior and self-control.
- A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
 1. Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
 2. Reminding a child of behavior expectations daily by using clear, positive statements;
 3. Redirecting behavior using positive statements; and
 4. Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.
- There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
 1. Corporal punishment or threats of corporal punishment;
 2. Punishment associated with food, naps, or toilet training;
 3. Pinching, shaking, or biting a child;
 4. Hitting a child with a hand or instrument;
 5. Putting anything in or on a child's mouth;
 6. Humiliating, ridiculing, rejecting, or yelling at a child;
 7. Subjecting a child to harsh, abusive, or profane language;
 8. Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
 9. Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature

Date

Check one please:

☐

Parent

☐

Employee/Caregiver

☐

Household member of child-care home



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 1. All Household Members

Name of Enrolled Child(ren):

| Names of all household members (First, Middle Initial, Last) | CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM. | CHECK IF NO INCOME |
|---|--|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> |

Part 2. Benefits: If any member of your household receives SNAP, TANF, or FDPIR, provide the name and eligibility number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**

NAME: _____ ELIGIBILITY NUMBER: _____

Part 3. (Applies only to parents/guardians with children enrolled in a day care home) If any member of your household receives benefits listed on the enclosed *List of Eligible Federal/State Funded Programs (H1660)*, provide the name of the program and eligibility number: NAME: _____ ELIGIBILITY NUMBER: _____

Check here if no eligibility number ☐

Part 4. Total Household Gross Income—You must tell us how much and how often

| A. Name (List only household members with income) (Example) Jane Smith | B. Gross income and how often it was received Note: Self-employed report income after expenses in box 1 | | | |
|---|---|---------------------------------------|--|---------------------|
| | 1. Earnings from work before deductions | 2. Welfare, child support, alimony | 3. Pensions, retirement, Social Security, SSI, VA benefits | 4. All Other Income |
| | \$200/weekly | \$150/twice a month | \$100/monthly | \$200/bi-monthly |
| | \$____/____ | \$____/____ | \$____/____ | \$____/____ |
| | \$____/____ | \$____/____ | \$____/____ | \$____/____ |
| | \$____/____ | \$____/____ | \$____/____ | \$____/____ |
| | \$____/____ | \$____/____ | \$____/____ | \$____/____ |
| | \$____/____ | \$____/____ | \$____/____ | \$____/____ |

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. **If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the next page.)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____

Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last four digits of Social Security Number: * * * - * * - _____ ☐ I do not have a Social Security Number



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Mark one or more racial identities:

- ☐ Asian
☐ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander

Part 7. Sharing Information With Other Programs: OPTIONAL

The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility.

- ☐ I do elect to allow my household information to be disclosed.
- ☐ I do not elect to allow my household information to be disclosed.

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year Household size: _____

Categorical Eligibility: ____ Date Withdrawn: _____ Eligibility: Free ____ Reduced ____ Denied ____ Tier I ____ Tier II ____

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

Privacy Act Statement:

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) eligibility number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

FINANCIAL AGREEMENT

Instructions: Please read and initial by each line below

I, _____ would like to enroll my child, _____ at Dominion Lifestyle Academy. Hours of operation are from **6:30 AM to 6:00 PM** Monday to Friday.

___ I agree to pay a registration fee of \$_____ at the time of enrollment and a curriculum fee of \$_____, to be renewed each new school year beginning in August. I understand this is a **non-refundable fee**.

___ I hereby agree to pay a *weekly / monthly* tuition of \$_____ with no deduction for absences, holidays or vacations except in the case of an extended illness for which I will notify the director.

___ I agree to pay a **late fee of \$25.00** if tuition is not paid two days after the due date. Tuition and late fees must be paid by Friday the week it is due in order for your child to return to Dominion Lifestyle Academy the next week. **NO EXCEPTIONS**.

___ **(For Pre-K4 and Lower grades)** I agree to pay **50%** of the *weekly* tuition if my child is absent for the entire week or attends up to 1 day. If my child **attends greater than 1 day** of the *week*, I understand **the entire weekly tuition is due**.

___ **(For Pre-K5 and Higher grades)** I agree to pay the **full monthly tuition** with no deduction for absent days and/or school holidays.

___ I agree to pay a late pickup fee of **\$1.00** per minute for each child left in the center after **6:05 PM**

___ For each child registered at DLA through my referral, I am entitled to a **50% Referral Discount** off my lowest child's weekly tuition i.e. 10% off one week's tuition, each month my referred child is registered full-time (max of 5 months).

Tuition Express, an automated and secure childcare payment service, is the **accepted mode of payment for Tuition and Fees**. With this service, parents have 2 payment options: Online and Automated Withdrawals. Parents can authorize automated withdrawals from their checking or savings account or make payments online. Please select your preferred payment method below **and** complete the enrollment forms on the next 2 pages:

___ I agree to make payments using the **Automated Withdrawal** option

___ I agree to make payments using the **Online Payment** option

___ I agree to pay a handling fee of **\$5.00** when payments are made by cash, check, money order, or credit card.

___ In case of withdrawal of my child from the Academy, I agree to give the Academy one week's notice. If this notice is not given, I agree to pay DLA one additional week's tuition as specified above.

___ If the management at DLA determines that my child cannot adjust to the Academy's program, the child will be withdrawn after a week's notice, and this agreement will be terminated. If the child is putting himself in danger or deemed a danger to other children, I agree to remove him/her at the advice of the DLA Administration.

___ Please note that fees are subject to change in order for us to improve our services. Parents will be notified in writing.

By signing below, I indicate that I have read, understand and agree to abide by this agreement and the policies outlined above. I have discussed questions or clarification requests with the School Administration.

Parent's Signature

Date

Director's Signature

Date



DOMINION LIFESTYLE ACADEMY

14030 Beechnut Street Houston, TX, 77083
Tel: (281) 606-2780; Fax: (281)293-9583; dla@dominionlifestyle.org

TUITION EXPRESS ENROLLMENT FORM

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express; a safe and secure payment option, as well as **DLA's preferred payment method**. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day, giving you peace of mind that your tuition has been paid on time!

Please complete the enrollment form below or contact the DLA office if you have any questions.

SECTION 1:

_____ **YES**, I want to sign up for the "Tuition Express" Payment Service option below (select 1 option below):

[] I agree to begin **Automated Withdrawals** on ____ / ____ / ____

[] I agree to begin **Online payments** on ____ / ____ / ____

****Complete Section 2 and the EFT Authorization form on the next page or attach a voided check.**

SECTION 2: Please select your Payment Frequency (if you selected YES above)

I would like to pay:

_____ Monthly (Eligible for a \$5.00 monthly discount)

_____ Every 2 weeks (Based on DLA's 2-week schedule)

_____ Weekly

****Please sign below.**

Signature

Date

General Information

- **Weekly & 2-week processing:** Automated withdrawal requests are initiated on Mondays and transmitted via ProCare by 3pm (Pacific Time). The funds will be deducted from the parents account on Tuesday.
- **Monthly processing:** Automated withdrawal requests are initiated on the 1st week day of the month and deducted from the parents account on the next week day.
- **Online payments:** Will be reflected in the parent's DLA accounting ledger within 24-48 hours. DLA will provide parents a 4-digit PIN to log onto tuitionexpress.com to make payments.
- **Applicable Fees:** NSF fee = **\$25**; Refund fee = **\$5**; File Deletion fee* = **\$20**

*Fee applies when an EFT Termination Notice is not received at least 5 business days in advance of the termination date.



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TUITION EXPRESS BANK ACCOUNT AUTHORIZATION

If you selected 'Yes' on the previous page, please complete the form below or attach a Voided check.

For Bank Account Authorization, please complete and return to DLA Office.

I (we) authorize _____, Dominion Lifestyle Academy to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize DLA to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize DLA to use the third party sender, Tuition Express* to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name

Phone #

DEPOSITORY - Bank or Credit Union Name

Address

Bank or Credit Union Address

City

State

Zip

City

State

Zip

Type: ☐ Checking ☐ Savings

Routing Transit Number (see sample below)

Account Number (see sample below)

This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

Signature

Date

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

*Tuition Express is an assumed business name of Blum Investment Group, Inc.

Routing Transit Account Check
Number Number Number



**Hop aboard the Tuition Express
and never write a check again!**

Please attach a copy of a voided check here. Deposit slips not accepted.



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PARENT AGREEMENT

SCHOOL CLOSINGS:

- The academy will be closed for holidays and staff development days. The holidays are as follows: New Year's, MLK, Good Friday, Memorial Day, Independence day, Labor day, Thanksgiving, Friday after Thanksgiving, Christmas Eve, and Christmas day. Please refer to the school year calendar for more details.
- Tuition deductions will **NOT** be made for these holidays i.e. the full week's tuition will be charged.

TUITION:

- Payment of half of the regular tuition for children in the Pre-K4 class or lower is required as holding for children absent for one week or more. Failure to pay will result in termination of enrollment.
- Children in Pre-K4 or lower who attend for 0-1 day during a week will pay 50% tuition for that week. Any child present 2 days or more during a week will pay a full week's tuition.
- Students in the Pre-K5 class or higher are required to pay the full month's tuition by the first day of each month. **NO** tuition deductions will be made for children absent.
- Students in the Pre-K5 class or higher who have 11 or more absences (including tardy averages) will not be allowed to graduate.
- Parents are responsible for paying extracurricular fees such as field trips, etc. Most of these field trips will take place in the summer, when public schools are out, holidays or spring break. Parents are allowed to chaperone & pay any additional fees required.

INCLEMENT WEATHER:

- We retain the right to modify the Academy's normal operating hours in the event of inclement weather and/or road conditions. If the school district is closed, the Academy will also be closed. If emergency conditions occur after the Academy has opened, parents will be called and asked to pick up their children. You may call 281-606-2780 for more information. Emergencies do not change weekly tuition.

HEALTH:

- Any child with a temperature of **99.4** degrees or above constitutes a sick child according to state law. Parents will be contacted to pick up sick children and should make every effort to pick up within the hour.
- DLA provides a safe, wholesome environment for children. In the event of an emergency, the Academy will administer first aid and/or obtain emergency medical treatment in the child's best interest. It is the sole responsibility of the parent to pay for any medical bills that may result from any accidents.
- Children 4 years & above **MUST HAVE** current medical (HEARING AND VISION SCREENING) and immunization records prior to enrollment and update them in compliance with state regulations. The academy will make arrangements yearly for onsite Hearing and Vision Screening with a registered company.



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OTHER:

- Every preschool child will have afternoon rest/nap period as required by state law.
- Children will be encouraged to play outdoors daily, except during intense heat or inclement weather.
- Every child **must have** a "marked" change of clothing that is left in the Academy to be used for emergencies.
- Children are not to bring personal belongings (e.g. toys) to school. DLA is not responsible for such items.
- If a child has not adjusted to the daily program, DLA reserves the right to terminate enrollment and this agreement may be terminated at the option of DLA. Parents will be given one week's notice.

This parent agreement is subject to change in whole or part by DLA upon one week's notice.

Signature

Date



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DLA PHOTO PERMISSION

From time to time we take pictures during daily activities and school events. Your permission is needed to use your child's pictures and/or images on our website, in the monthly newsletter, bulletin boards, social media site or, for advertisement purposes. Pictures or images will be selected to highlight activities within DLA the classroom environment and school events. These photos and images will never reference your child by their last name or provide any specific information regarding your child's identity.

Please take a moment to let us know your preference regarding the photos taken of your child(ren):

_____ YES. I grant permission to use photos or images of my child on Dominion Lifestyle Academy website, bulletin boards, newsletters, social media site or, for advertisement purposes.

-OR-

_____ NO. Please do NOT take or use any photos or images of my child for any purpose.

Child(ren)'s Name(s) (PLEASE PRINT):

Parent's Signature

Parent's Name

Date



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FOR OFFICE USE ONLY

ADMISSION INTERVIEW SUMMARY

I acknowledge receipt of DLA's Operational Policies and I have read and understand the terms for admission into Dominion Lifestyle Academy. I have discussed questions or clarification requests with DLA administration. I agree to abide by all terms herein and understand that a breach of any of these terms may result in the termination of my child's enrollment.

DIRECTOR'S NOTES:

Parent's Signature

Parent's Name

Date

Director's Signature

Date



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|----------------------------|
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PLACEMENT TEST SUMMARY



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