



Raising Pacesetters & Role Models

2023-2024

Application for Admission



pominovi LITESTYLE Academy

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 <u>at least one</u> <u>week before</u> your child's start date. A child class-placement test for <u>new</u> 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

Ch	ild's Name: Class: _	
Ad	lmission Forms	
	Completed & Signed Registration Form	
	Completed Child Assessment Form	
	Completed Allergy Form	
	Signed Health & Illness Policy	
	Signed Discipline and Guidance Policy	
	Completed CACFP Forms – <u>2 forms</u>	
	Signed Financial Agreement	
	Tuition Express Enrollment Form & EFT Authorization.	
	Signed Parent Agreement	
	Admission Interview Summary (to be signed after interview is complete)	
Ad	lmission 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 1 st Grade Class)	
	Copy of Birth Certificate	
	Copy of Parent's Driver's License or valid Photo ID	
	Copy of Social Security Card	
Fe	es	Amount Paid
	Registration Fee	
	Curriculum Fee	
	Tuition/Week/Month	
	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 S	ecurity Number:	
Date of Birth: (Month/ Day / Year) Sex: Male Female Child's Home Telephone No.					
Class Category:	_	☐ Pre-K2 (24-35mtł ☐ Summer Camp		Byrs) Pre-K4 (4yrs)	
Child's Home Address	· · · · · ·		<u> </u>		
Days child will be in care: ☑ Monday ☑ Tuesday ☑	Wednesday ⊠ Thursday ⊠	Hours chil	d will be in care (Be	tween 6.30 a.m. – 6:00 p.m.):	
Date of Admission:	(Office Use Only) Date of Withdra	awal & Reason for Wit	thdrawal :		
PARENT'S / GUARDIAN'S INFORMA	ATION				
List telephone numbers where parents/guardian may be reached while child will be in care:	Father's Telephone No.	Mother's Tele	phone 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 fro	m child's address):		Father's Email Addr	ess:	
Father's Employer Name:	Father's Work Address:	<u> </u>		Father's Work Phone #:	
				Cell Phone Carrier (Ex. AT&T, Sprint):	
Mother's Home Address (if different fro	om child's address):		Mother's Email Add	ress:	
Mother's Employer Name:	Mother's Work Address:			Mother's Work Phone #:	
CHECK ALL THAT APPLY: 1. TRANSPORTATION: I hereby Check box for emergency car	op	nsent for my child to eration's employees and from home			
2. FIELD TRIPS: I hereby		nt for my child to pa	 rticipate in Field Tr	rips:	
Parent's Comments:					
3. ☐ WATER ACTIVITIES: I hereby ☐ give ☐ do not give — my consent for my child to participate in Water Activities: ☐ sprinkler play ☐ splashing/wading pools ☐ swimming pools ☐ water table play 4. ☑ 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: \[\sum_{\text{None}} \sum_{\text{None}} \sum_{\text{Breakfast}} \sum_{\text{AM Snack}} \sum_{\text{Lunch}} \sum_{\text{PM Snack}} \sum_{\text{Supper}} \sum_{\text{Supper}} \sum_{\text{Evening Snack}} \]					
EMERGENCY CONTACT INFORMAT					
Give the name, address and phone nu Contact Name: (Last)	ımber of person to call in case of an e (First)		guardian cannot be : Phone #:	Alternate Phone #:	
Contact Home Address (if different fro	m child's address):			Relationship:	



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Child's Name: _			,			
<u> </u>	(Last)	(First)	(N	fliddle)		
I hereby authorize t		on to allow my	ased to a parent or			wing persons. Please list name & ardian after verification of ID. Relationship
AUTHORIZATION In the event I cannot to:	-	-	-	_	e, I authorize the pe	rson in charge to take my child
Child's Name:				Date of Bi	rth: (Month/ Day / Yea	ar) Sex:
Doctor's Name:				Doctor's Pho	ne #:	,
Doctor's Address:				•		
Hospital Name:				Hospital Phon	e #:	
Hospital Address:				<u> </u>		
Parent's Name:				Parent's Eme	gency Phone #:	
Parent's Insurance	Company Name:		Insurance Policy	y #:	Insurance (Company Phone #:
authorize Domini	on Lifestyle Acad	emy to take	my child to the a	bove named p	hysician, hospital,	for my child. I hereby and/or any hospital or nergency contact cannot be
Signat	ure - Parent or Leg	al Guardian			Date	
						ess, injuries and hospitalizations mation which caregiver's should be
Child daycare operations III, you may call the ADA II				ADA), Title III. If you b	elieve that such an operation	may be practicing discrimination in violation of Title
SCHOOL AGE CH	HILDREN: ends the following :	school:				
Name of School and Address School Phone.#						
His / he	THAT APPLY: r immunization rec d immunizations an aring screening rec	d/or tubercul	osis test are curre		_ , '	ermission to ride a bus, walk to nd/or be released to the care of oder 18 years old.
					Name of sibling(s)	:
<u> </u>						
Signature – Parei	nt or Legal Guardi	an				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)	☐ Positive	☐ Negative	Date:			
Varicella (see below)						
Varicella (chickenpox) vac statement: My child had v	cine is not required if you varicella disease (chicke	r child has had chickenp enpox) on or about (dat	oox disease. If your child e)	has had chickenpox, ple and does not nee	ase complete the d varicella vaccine.	
	Pare	ent's signature		*********************	Date	
Signature of Health Care F	Professional:			Date:	-1	
FO			contact the Department o /immunize/school_info.htm		at 	
IMMUNIZATION RECORD):					
☐ I have provided the ch	nildcare operation with a c	copy of my child's most of	current immunization reco	ord		
		HEALTH ST	ATEMENT			
ADMISSION REQUIREME		t attend pre-kindergarte	n or school away from the		ne of the following must	
be presented when your or Please check only one or		child-care operation or	within one week of adn	nission.		
1. HEALTH-CARE	PROFESSIONAL'S STA	TEMENT: I have examir	ned the above named chi	ld within the past year ar	d find that he / she is	
able to take part in ti	ne day care program.					
Health (Care Professional's Name	.	Signature		 ate	
2. A signed and da	ted copy of a health care	professional's statemen	t is attached.			
	is and treatment conflict v ttached a signed and date		ices of a recognized relig	jious organization, which	I adhere to or am a	
4. My child has bee	en examined within the pa	ast year by a health care	professional and is able	to participate in the day	care program. Within 12	
	,		statement and will submi			
My child,	-					
He / She is currently using the following prescribed medications:						
Signature – Parent of Legal Guardian Date						
VISION R 20/			L 20/		PASS FAIL	
SIGNATURE			DATE			
HEARING	1000 I	Hz 2000	Hz 4000	0 Hz		
R I					PASS FAIL	
SIGNATURE	<u> </u>		DATE	<u> </u>		
OIGINATURE			DATE			

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



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ALLERGIES

ease select one:		
│ My Child	Child's Name	has no Allergy
	Child's Name	is allergic to the following food(s) or medicine(s)
Parent's Signat	ure	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: <u>Dominion Lifestyle Academy</u>

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:	☐ Employee/Caregiver	☐ Household member of child-care home			

TDPRS-CCL 06/02/03

FINANCIAL AGREEMENT

Instructions: Please <u>read</u> and <u>initial</u> by each line below

l,	would like to enrol	ll my child,	at	Dominion Lifestyle
	emy. Hours of operation are from 6:30 AM to 6:00 P			
	agree to pay a registration fee of \$ at the	time of enrollment and a curric	ulum fee of \$, to be <u>renewed each</u>
new	school year beginning in August. I understand this is	a non-refundable fee.		
	hereby agree to pay a weekly / monthly tuition of \$_	with no deduction	for absences, holida	ys or vacations except
	e case of an extended illness for which I will notify the			
ا	agree to pay a late fee of \$25.00 if tuition is not paid	d two days after the due date. T	uition and late fees	must be paid by Friday
the v	veek it is due in order for your child to return to Dom	inion Lifestyle Academy the nex	t week. NO EXCEPTI	ONS.
	For Pre-K4 and Lower grades) I agree to pay 50% of t	the weekly tuition if my child is a	absent for the entire	week or attends up to
1 day	. If my child attends greater than 1 day of the <i>week</i> ,	, I understand the entire weekly	tuition is due.	
(For K5 and Higher grades) I agree to pay the full mor	nthly tuition with no deduction	for absent days and	or school holidays.
ا	agree to pay a late pickup fee of \$1.00 per minute fo	or each child left in the center af	ter 6:05 PM	
	or each child registered at DLA through my referral, In i.e. 10% off one week's tuition, each month my ref		•	•
this s from	on Express, an automated and secure childcare paymervice, parents have 2 payment options: Online and a their checking or savings account or make payments nrollment forms on the next 2 pages:	Automated Withdrawals. Paren	its can authorize aut	omated withdrawals
	I agree to make payments using the Automat	ted Withdrawal option		
	I agree to make payments using the Online P a	ayment option		
ا	agree to pay a handling fee of \$5.00 when payments	s are made by cash, check, mone	ey order, or credit ca	ord.
	n case of withdrawal of my child from the Academy, le to pay DLA one additional week's tuition as specified		week's notice. If th	nis notice is not given, I
weel	f the management at DLA determines that my child cases of the management at DLA determines that my child cases of the DLA Administration of the DLA Administration.	the child is putting himself in dar		
ا	Please note that fees are subject to change in order fo	or us to improve our services. P	arents will be notific	ed in writing.
	gning below, I indicate that I have read, understand a ssed questions or clarification requests with the School		nent and the policie	s outlined above. I have
	Parent's Signature	_	Da	te
				Page 8

Date

Director's Signature



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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.

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.

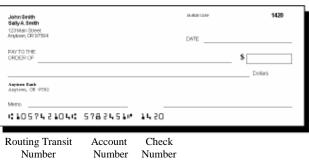


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TUITION EXPRESS BANK ACCOUNT AUTHORIZATION

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

Fo	r Bank Account Authorizatio	on, please complete o	and return to DLA Offic	ce.
"DEPOSITORY" in this Auchildcare tuition and/or party sender, Tuition Exp House (ACH) transaction	vings Account indicated belo thorization). I (we) authorize other childcare related fees press* to process all paymen s to my (our) account must on the contact your Credit Union to	w at the depository fee DLA to withdraw suthat are due and payots. I (we) acknowledgomply with the prov	inancial institution indi fficient funds to pay m able. I (we) authorize E ge that the origination isions of United States	y (our) regular DLA to use the third of Automated Clearing Law.
Your Name	 Phone #	DEPOSITORY - Ba	ank or Credit Union Name	
Address		Bank or Credit U	nion Address	
City	State Zip	City	State	Zip
		Туре:	Checking Savings	
Routing Transit Number (see	e sample below)	Account Numbe	r (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		
period of two years from	The child care provider shall rethe date of client withdrawal express is an assumed business name	from the Tuition Expre	ess™ program.	a secure location for a
	John Smith	SHAREN COMP	1420	





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 <u>NOT</u> 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 tips, 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 <u>MUST HAVE</u> 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.

his parent agreement is subject to change in who	ole 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.

Parent's Signature	Parent's Name	Date
Child(ren)'s Name(s) (PLEASE PRINT):		
NO. Please do NOT take or use any p	photos or images of my child for any purp	ose.
-OR-		
YES. I grant permission to use photos website, bulletin boards, newsletters, social	s or images of my child on Dominion Life media site or, for advertisement purposes.	
Please take a moment to let us know your pr	eference regarding the photos taken of yo	ur child(ren):



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FOR OFFICE USE ONLY

PLACEMENT TEST SUMMARY



14030 Beechnut Street, Houston TX 77083 dominionlifestyleacademy.com dla@dominionlifestyle.org Ph:281-606-2780 | Fax:281-293-9583