



# NEW FAMILY ENROLLMENT APPLICATION

FAMILY INFORMATION		
FATHER / STEPFATHER / GUARDIAN		
Last Name:	First Name:	
Phone:	Email:	
MOTHER / STEPMOTHER / GUARDIAN		
Last Name:	First Name:	
Phone:	Email:	
Family Street Address:	City:	Zip:
Mailing Address, <i>if different</i>	City:	Zip:
<b>Home School Legal Defense Association Status, check one</b> <input type="checkbox"/> New Enrollee <input type="checkbox"/> Renewing Member, Membership Number: _____ Renewal Date: _____		
<b>Del Rey Church Membership Status, check one</b> <input type="checkbox"/> We are members of Del Rey Church <input type="checkbox"/> This is our home church; we are pursuing membership		
PARENT / TEACHER AFFIRMATION		
<i>Parents please initial each statement to affirm your commitment:</i>	<i>Father's initials</i>	<i>Mother's initials</i>
1. We are in agreement about home educating our child(ren) enrolled in Del Rey Parochial Academy (DRPA), knowing of the sacrifices it requires.		
2. We are committed Christians who joyfully agree-without reservation-to live by God's grace in accordance with the DRC member contract.		
3. We are in agreement with the doctrinal, ethical and philosophical distinctives of Del Rey Church.		
4. We are in agreement with the pedagogical and philosophical approach of DRPA (i.e. classical education).		
5. We will be the primary hands-on educators, doing the majority of the teaching for our child(ren), enrolled in the Del Rey Parochial Academy.		
6. As faculty of Del Rey Parochial Academy we agree to actively educate our enrolled child(ren) in submission to DRPA school standards and leadership.		
7. As faculty of Del Rey Parochial Academy we agree to educate and love our child(ren) in a biblical, diligent and God-honoring way.		
8. As faculty of Del Rey Parochial Academy we agree to maintain accurate attendance records for 180 days of schooling for each student according to DRPA standards.		

9. As faculty of Del Rey Parochial Academy we agree to prepare our curriculum diligently and submit yearly course plans for each student according to DRPA standards.		
10. As faculty of Del Rey Parochial Academy we agree to complete accurate quarterly report cards and evaluations for each student according to DRPA standards.		
10. As faculty of Del Rey Parochial Academy we agree to complete teacher development credits as defined by the school.		
11. As faculty of Del Rey Parochial Academy we agree to fulfill the volunteer requirements as defined by the school.		

### SAFETY QUESTIONS

<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been investigated for or charged with child abuse, neglect, or any other related charges?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been denied legal custody of your child/children in any legal proceedings including divorce decrees or settlements?

### EMERGENCY INFORMATION

Emergency Contact Name 1: <i>(besides parents)</i>		Number:	
Emergency Contact Name 2: <i>(besides parents)</i>		Number:	
Family Doctor:		Number:	
Family Dentist:		Number:	
Insurance Company:		Policy Number:	Group Number:
<i>Please check yes or no to the questions below:</i>			
<input type="checkbox"/> Yes <input type="checkbox"/> No	May we administer first aid, including calling the paramedics if deemed necessary?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you authorize hospital or doctor to administer necessary medical treatment?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does any child have a serious health problem?		
<i>List the names of all children for whom permission is given for medical treatment below:</i>			
Child's Name:		Allergies, medical reactions:	
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Child's Name:		Allergies, medical reactions:	

In the event my/our child(ren) is injured and requires medical attention, I/we give my/our approval to the person in charge of the on-campus or off-campus event to obtain whatever medical services and treatment or procedures as is necessary. The school does not pay physician fees or medical expenses for students who are injured at school sponsored activities. I/we understand that all activities, although arranged by members of the Academy, are considered independent family activities. I/we hereby waive all claims and do further release, absolve, indemnify and hold harmless Del Rey Parochial Academy, administrators, teachers, parent-sponsors of all activities (on or off campus).

**PLEASE SIGN IN RECOGNITION OF UNDERSTANDING AND AGREEMENT. THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.**

_____	_____	_____
Parent 1 Signature	Date	Parent 2 Signature      Date