Agreement Form

(One per Family)

Discipled Youth Academy is hereby also known as DYA in these forms.

I Agree: (Initials)		
That all the information	on on these forms is correct.	
To pay the registratio	n fee of \$20.00 at the time I ser	nd these forms in and sign up.
To pay the first four w	eek cycle payment at the time	of registration.
To pay at least one w	veek before a new four week cy	cle starts.
Payments are due by	Monday at 2:00 p.m. before th	e next cycle.
If payment is not mad	le one week before the next fou	ur week cycle starts, my child will
not be allowed to return unt	il payments are caught up.	
My registered child is	signed up for the school year.	
To pay the \$520.00 d	ue on each four week cycle pay	yment.
To pay on time.		
That a \$20.00 late fee	e will be applied to the next billing	ng cycle if payment is not received
on time.		
To pay an Art fee (if a	applicable) of \$30.00 for the year	ar, at time of registration.
That an administratio	n fee of \$10.00 will be charged	at time of registration and on every
four week cycle payment.		
To drop off my child r	o earlier than 8:00am and no la	ater than 8:10 a.m. on in person
days at Discipled Youth Aca	ademy.	
To pick up my child/re	en at 3:00 p.m.	
To a \$10.00 charge e	very 15 minutes after 3:00 p.m.	. that my child has not been picked
up. Multiple children being l	eft would bring on multiple fees	3.
Anyone who picks up	my child must be on the list pro	ovided to DYA.
Those on the list to p	ick up my child have a driver's l	license and a DYA ID with them.
To contact Discipled `	Youth Academy if my child is go	ping to be absent.
To be contacted as so	oon as possible in the event tha	at my child will need medical
attention.		
Print Full Name:	Signature:	Date:

Agreement Form (One per Family)

I Agree: (Initials)		
To contact Discipled	Youth Academy as soon as any	hardships occur that would hinder
my child from attending, so	that DYA can put in place action	ns necessary.
DYA does not prorate	e or cancel payments due to clos	sure for acts of God, weather,
epidemics or other.		
Whether or not my ch	nild attends class during all days	of the cycle, I am responsible for
payments in full.		
I have read and agre	ed to the Code Of Conduct unde	er Parent Information.
To allow DYA to inter	cede incase of a medical, physic	cal or other emergencies, including
but not limited to calling Em	nergency Services, using a dislo	dging device incase of choking,
etc.		
I have read and agre	ed to the <i>Statement of Faith</i> und	der Parent Information.
I have read and agre	ed to the <i>Liability and Responsil</i>	bility Forms under the Forms tab.
To have all curriculur	n books and student books need	ded for my child's classes in DYA
by August 14th 2023. (Mate	erials are found in the Classes se	ection under each class)
To have all Class Ma	terials on the first day of attendir	ng on August 14th 2023. (The
Class Materials list is under	r the Classes tab, under Materia	l Lists)
To have all Literature	books by September 1st 2023 i	f my child is attending Literature.
To bring a non-micro	wavable packed lunch and bottle	e of water to in person classes
each day.		
To have a device suc	ch as a laptop, computer or table	et that is large enough to be easy
on your child's eyes and to	type on, for in person class days	s. (For those taking Spanish 1 CP,
Spanish 2 CP or needing it	for their own Math or English cu	ırriculums or for those needing it
during Clubs)		
To download and set	up the Classroom App on all the	e devices that my child will use for
classes. Students will comp	plete this in class.	
Print Full Name:	Signature:	Date:

Print Full Name:	Signature:	Date:
volunteers, or NS Investments,	•	·
Youth Academy, Discipled Youth	-	
		orking or volunteering for Discipled
Investments, LLC, and any of its child on and off Forward Church	-	
	•	its Leadership or employees, NS
DVA any of its ampleyee	a Famusard Church and of:	Page
		Discipled Youth Academy

Liability and Responsibility Agreement Form

<u>Discipled Youth Academy LLC (hereafter "the Program")</u>
<u>One Per Family: Applies to all children</u>

RELEASE & HOLD HA	RMLESS, MEDICAL, PHOTOGRAPH	Y, & TRANSPORT CONSENT
		ian of a Minor must complete this form
and submit it to the Program Dir	ector. All Participants, Staff and Volunt	eers must complete this form and submit
it to the Program Director.	·	·
3		
(Initials or N/A) For Pa	rent/Guardian of	,
,	rent/Guardian ofand	. I am the Parent/Guardian of
("Participant/s") who is under my	y care or under eighteen years of age,	and I am fully competent to sign this.
,	or	, .
(Initials or N/A) I am t	he participant (full name)	, and I am over
· · · · · · · · · · · · · · · · · · ·	fully competent to sign this. (For staff)	
	,	
to participate in <u>Discipled Youth</u>	Academy (hereafter "the Program"). I in the Program. I acknowledge the risl	lunteer. I give permission for Participant acknowledge that there is risk of injury or k of Covid, injury or illness including the
behalf of myself, my heirs, succeparticipant, KNOWINGLY AND I ARISING FROM THE NEGLIGE their respective staff, volunteers State of South Carolina, their re	FREELY ASSUME ALL SUCH RISKS, ENCE of the Program, their respective and members, NS Investments, LLC,	or legal guardian of Participant, or as the both known and unknown, EVEN IF staff and volunteers, Forward Church, their respective staff or volunteers, the vants, employees, members, successors
Participant, HEREBY RELEASE Forward Church, their respective volunteers, the State of South Comembers, successors and assign DEATH, or loss or damage to per	E AND HOLD HARMLESS the Progrance staff, volunteers and members, NS Interval and their respective officers, directions, ("Releasees"), WITH RESPECT Terson or property, WHETHER CAUSE	O ANY AND ALL INJURY, DISABILITY,
members, The Program, their revolunteers the State of South Camembers, successors and assign	to indemnify and hold harmless Forwarspective staff and volunteers, NS Investorilina, their respective officers, directors, from liability for the injury or death the may result from Participant's negliger	stments, LLC, their respective staff or ors, agents, servants, employees, of any person(s) and damage to
Print Full Name:	Signature:	Date: