

Registration Forms

Please print clearly and submit all forms to: discipledyouthacademy@gmail.com
(One form per family) *The Outdoor Classroom 10am-2pm*

Tuesdays: _____ Wednesdays: _____ Both: _____

Parent or Guardian #1 First and Last Name: _____

Primary Phone #: _____ Work #: _____

Primary Email Address: _____

Address: _____ (apt.# _____)

City,State and Zipcode: _____

Parent or Guardian #2 First and Last Name: _____

Primary Phone #: _____ Work #: _____

Primary Email Address: _____

Address (If Different): _____ (apt.# _____)

– City,State and Zipcode: _____

Name and email of who will be making payments:

List of people who are allowed to pick up the child: (Name and Phone Number)

Send Payments To: Venmo @Ashleigh-Morris-32 Or through Zelle at 843-860-9037

Tuition is paid in 4 week cycles. The first 4 weeks payment is due at registration.

First Child's First, Middle and Last Name:

Child's Nickname: _____ Child's Age: _____

Child's Grade: _____ Child's Birthday: _____ Child's Sex: _____

Child's Main Address: _____

Child's Interests: _____

Does your child have any allergies? **yes** ___ **no** ___

If so, please explain:

Does your child wear glasses or use any special equipment? **yes** ___ **no** ___

If so, please explain:

Does your child have any unique or special conditions? **yes** ___ **no** ___

If so, please explain:

Anything else about your child that you would like us to know?

Are pictures allowed to be taken of your child? _____

Second Child's First, Middle and Last Name:

Child's Nickname: _____ Child's Age: _____

Child's Grade: _____ Child's Birthday: _____ Child's Sex: _____

Child's Main Address: _____

Child's Interests: _____

Does your child have any allergies? **yes** ___ **no** ___

If so, please explain:

Does your child wear glasses or use any special equipment? **yes** ___ **no** ___

If so, please explain:

Does your child have any unique or special conditions? **yes** ___ **no** ___

If so, please explain:

Anything else about your child that you would like us to know?

Are pictures allowed to be taken of your child? _____

Third Child's First, Middle and Last Name:

Child's Nickname: _____ Child's Age: _____

Child's Grade: _____ Child's Birthday: _____ Child's Sex: _____

Child's Main Address: _____

Child's Interests: _____

Does your child have any allergies? **yes** ___ **no** ___

If so, please explain:

Does your child wear glasses or use any special equipment? **yes** ___ **no** ___

If so, please explain:

Does your child have any unique or special conditions? **yes** ___ **no** ___

If so, please explain:

Anything else about your child that you would like us to know?

Are pictures allowed to be taken of your child? _____

Agreement Form

(One per Family)

Discipled Youth Academy LLC is hereby also known as DYA in these forms.I Agree: *(Initials)*

_____ That all the information on these forms is correct to the best of my knowledge.

_____ To pay the first four week cycle payment at the time of registration.

_____ To pay at least one week before a new four week cycle starts by Tuesdays at 3:00p.m.

_____ If payment is not made one week before the next four week cycle starts, my child will not be allowed to return until payments are caught up.

_____ My registered child is signed up for the school year.

_____ To pay on time.

_____ That a \$20.00 late fee will be applied to the next billing cycle if payment is not received on time.

_____ To drop off my child no earlier than 8:00am and no later than 8:10 a.m. on in person days at Discipled Youth Academy.

_____ To pick up my child/ren at 3:00 p.m.

_____ To a \$10.00 charge every 15 minutes after 3:00 p.m. that my child has not been picked up. Multiple children being left would bring on multiple fees.

_____ Anyone who picks up my child must be on the list provided to DYA,

_____ Those on the list to pick up my child have a driver's license and a DYA ID with them.

_____ To contact Discipled Youth Academy if my child is going to be absent.

_____ To be contacted as soon as possible in the event that my child will need medical attention.

Parent Print: _____ Signature: _____

Date: _____

Agreement Form

Disciplined Youth Academy LLC is hereby also known as DYA.

(One per Family)

I Agree: *(Initials)*

_____ To contact Disciplined Youth Academy as soon as any hardships occur that would hinder my child from attending, so that DYA can put in place actions necessary.

_____ DYA does not prorate or cancel payments due to closure for acts of God, weather, epidemics or other.

_____ Whether or not my child attends class during all days of the cycle, I am responsible for payments in full.

_____ I have read and agreed to the *Code Of Conduct* under *Parent Information*.

_____ I have read and agreed to the *Dress Code*.

_____ I have read and agreed to the *Statement of Faith* under *Parent Information*.

_____ I have read and agreed to the *Liability and Responsibility Forms* under the *Forms* tab.

_____ To bring a non-microwavable packed lunch and bottle of water to in person classes each day.

Parent Print: _____ Signature: _____

Date: _____

Liability and Responsibility Agreement Form

Discipled Youth Academy LLC (hereafter "the Program")

_____ RELEASE & HOLD HARMLESS, MEDICAL, PHOTOGRAPHY, & TRANSPORT CONSENT AGREEMENT In order to participate in the program, the Parent/Guardian of a Minor must complete this form and submit it to the Program Director. All Participants, Staff and Volunteers must complete this form and submit it to the Program Director.

_____ (Initials or N/A) **For Parent/Guardian** of _____. I am the Parent/Guardian of ("Participant") who is under my care or under eighteen years of age, and I am fully competent to sign this.

or

_____ (Initials or N/A) **I am the participant** (full name) _____, and I am fully competent to sign this.

_____ (Initials) For Participant, Parent/Guardian of Participant or Volunteer. I give permission for Participant to participate in Discipled Youth Academy LLC (hereafter "the Program"). I acknowledge that there is risk of injury or illness from the activity involved in the Program. I acknowledge the risk of Covid, injury or illness including the potential for permanent disability and death.

_____ (Initials or N/A) In consideration of Participant being permitted to participate in the Program, I, on behalf of myself, my heirs, successors, and assigns, and/or as parent or legal guardian of Participant, or as the participant, KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE of the Program, their respective staff and volunteers, Beautiful Savior Lutheran Church of Summerville, their respective staff, volunteers and members, the State of South Carolina, their respective officers, directors, agents, servants, employees, members, successors and assigns, and I assume full responsibility for my or my child's participation in the program.

_____ (Initials) I, on behalf of myself, my heirs, successors, and assigns, and as parent or legal guardian of Participant, HEREBY RELEASE AND HOLD HARMLESS the Program, their respective staff and volunteers, Beautiful Savior Lutheran Church of Summerville, their respective staff, volunteers and members, the State of South Carolina, their respective officers, directors, agents, servants, employees, members, successors and assigns, ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, that may result from or occur during Participant's participation in the Program.

_____ (Initials) I further agree to indemnify and hold harmless Beautiful Savior Lutheran Church of Summerville, their respective staff and members, The Program, their respective staff and volunteers, the State of South Carolina, their respective officers, directors, agents, servants, employees, members, successors and assigns, from liability for the injury or death of any person(s) and damage to _____ (continued) property that may result from Participant's negligent or intentional act or omission while participating in the Program.

_____ (Initials) I, on behalf of myself, my heirs, successors, and assigns, those dropping off the Participant, those kicking up the Participant, and as parent or legal guardian of Participant, HEREBY RELEASE AND HOLD HARMLESS the Program, their respective staff and volunteers, Beautiful Savior Lutheran Church of Summerville, their respective staff, volunteers, property and members, the State of South Carolina, their respective officers, directors, agents, servants, employees, members, successors and assigns, ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, that may result from or occur during Participant's participation in the Program.

Parent Print: _____ Signature: _____

Date: _____

Registration and Payments Form

Write this information with your payment

Full name, grade of child attending and your email address:

Send Payments To:

[Zenmo to: @Ashleigh-Morris-32](#)

Or through Zelle at 843-860-9037

****Full Names, Grade and complete details of payment must be written under What's this payment for?****

Triple check the sending address, Discipled Youth Academy is not responsible for lost payments.

Go to our Website under Payments and Fees for full examples of how to send
Submit all Forms to: discipledyouthacademy@gmail.com