



## DPCA 2010-2011 STUDENT REGISTRATION

A non-refundable **\$50.00** per family registration deposit must accompany this form. This is not a separate fee, but a deposit toward your tuition bill.

### PARENT AND FAMILY INFORMATION

**Home Address:** \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street: \_\_\_\_\_ PO Box: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

#### Father's Name:

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Church Attending: \_\_\_\_\_ Cell phone: \_\_\_\_\_

#### Mother's Name:

Occupation: \_\_\_\_\_ Email: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Church Attending: \_\_\_\_\_ Cell phone: \_\_\_\_\_

#### Other Parent living with child(ren) (step-parent or legal guardian):

Name: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Email: \_\_\_\_\_  
Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Church Attending: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Legal custody of child(ren)  Both parents  Father  Mother  Other

Child(ren) live(s) with  Both parents  Father  Mother  Other

If other, please specify: \_\_\_\_\_

### PAYMENT PLANS

Please indicate at this time the tuition payment plan you prefer:

Annual (2% discount)  Semi-Annual  Monthly:  10 mo.  12 mo.

Need more information on payment plans

**If no payment plan is chosen, billing will begin August 1, 2010 for a 10 month plan.**

I(We)  would like to apply for financial assistance.  
 do not plan to apply for financial assistance.  
 need more information concerning financial assistance.

### PARENT PARTNER PROGRAM

All parents are required to be part of the Parent Partner Program. Please indicate below how you would like to contribute to the DPCA Community in 2010 – 2011:

- We will Stand in the Gap – We'll make a cash contribution of at least \$300.00 from our family.
- We will be part of the Parent Patrol and will contribute at least 20 hours of volunteer time (15 hours if a single parent) over the course of the school year.
- We want to make a Custom Contribution and will be consulting with the administrator regarding the project we wish to contribute.

### STUDENT INFORMATION

#### First Student:

Last \_\_\_\_\_ First \_\_\_\_\_ Mid. \_\_\_\_\_  
 Male  Female Birth date: \_\_\_\_\_  
School attended last year: \_\_\_\_\_  
School Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Grade level 2010-2011: \_\_\_\_\_ Any grade repeated? \_\_\_\_\_

#### Second Student:

Last \_\_\_\_\_ First \_\_\_\_\_ Mid. \_\_\_\_\_  
 Male  Female Birth date: \_\_\_\_\_  
School attended last year: \_\_\_\_\_  
School Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Grade level 2010-2011: \_\_\_\_\_ Any grade repeated? \_\_\_\_\_

#### Third Student:

Last \_\_\_\_\_ First \_\_\_\_\_ Mid. \_\_\_\_\_  
 Male  Female Birth date: \_\_\_\_\_  
School attended last year: \_\_\_\_\_  
School Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Grade level 2010-2011: \_\_\_\_\_ Any grade repeated? \_\_\_\_\_

**For additional children, please include additional child inserts with the application.**