



Little Disciples Academic Co-Op Enrollment Application

PARENT INFORMATION

FULL NAME: _____ DATE: _____
LAST FIRST M.I.

ADDRESS: _____
STREET ADDRESS APARTMENT/UNIT #

CITY STATE ZIP CODE

PHONE: _____ EMAIL: _____

RELATIONSHIP TO STUDENT: _____ CHILD CUSTODY STATUS IF APPLICABLE: _____

NAME OF THE CHILD'S OTHER PARENT/GUARDIAN: _____

CHILD INFORMATION

CHILD'S FULL NAME: _____

CHILD'S DOB: ____/____/____ CURRENT SCHOOL ENROLLMENT: _____

CHILD'S NICK NAME: _____

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS OR BEHAVIORAL ISSUES? (PLEASE EXPLAIN): _____

HAS YOUR CHILD EVER BEEN EXPELLED OR SUSPENDED FROM SCHOOL? YES NO

IF YES, PLEASE EXPLAIN: _____

DOES YOUR CHILD REQUIRE A MEDICAL, RELIGIOUS, OR PERSONAL EXEMPTION TO COMPLY WITH CURRENT STATE MANDATES AND/OR REGULATIONS? YES NO

DOES YOUR CHILD HAVE ANY ALLERGIES OR MEDICAL CONCERNS THAT WE SHOULD BE AWARE OF?

IS THERE ANYTHING ELSE YOU WOULD LIKE TO TELL US ABOUT YOUR CHILD?: _____



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CURRICULUM PREFERENCES

WHAT TYPE OF CURRICULUM WILL YOUR CHILDREN BE USING?

- HOMESCHOOL CURRICULUM PROVIDED BY PARENT: _____
PLEASE INDICATE CURRICULUM
- PA CYBER CHARTER SCHOOL
- REACH CYBER CHARTER SCHOOL
- PUBLIC DISTRICT'S VIRTUAL SCHOOL CURRICULUM: _____
PLEASE INDICATE SCHOOL DISTRICT
- STRIDE K12
- THE KEYSTONE SCHOOL: ONLINE HOMESCHOOL
- POWER HOMESCHOOL
- OTHER: _____

1ST PARENT/GUARDIAN PROFILE

PARENT/GUARDIAN EMPLOYER: _____

START AND END TIMES (PLEASE ELABORATE IF THEY ARE NOT THE SAME EVERY DAY):

WORK PHONE: _____ CELL PHONE: _____ EMAIL: _____

IS IT PERMISSIBLE TO TEXT THE CELL PHONE NUMBER PROVIDED? YES NO

2ND PARENT/GUARDIAN PROFILE

PARENT/GUARDIAN EMPLOYER: _____

START AND END TIMES (PLEASE ELABORATE IF THEY ARE NOT THE SAME EVERY DAY):

WORK PHONE: _____ CELL PHONE: _____ EMAIL: _____

IS IT PERMISSIBLE TO TEXT THE CELL PHONE NUMBER PROVIDED? YES NO

*TEXT UPDATES MAY BE PROVIDED FOR DONATION REMINDERS, CO-OP CLOSURES, FIELD TRIP
REMINDERS, AND OTHER IMPORTANT INFORMATION*



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EMERGENCY CONTACT INFORMATION

PLEASE LIST 3 EMERGENCY CONTACT PERSONS THAT CAN BE CALLED IN THE EVENT WE CANNOT REACH A PARENT:

NAME	RELATIONSHIP	PHONE NUMBER(S)

PICK UP INFO

IF YOU INTEND TO GIVE PERMISSION FOR YOUR CHILD TO BE PICKED UP BY SOMEONE ELSE, THOSE PERSONS MUST BE LISTED BELOW. WE WILL NOT RELEASE YOUR CHILD TO ANYONE NOT ON THE LIST.

UNIQUE SECRET QUESTION FOR STAFF TO ASK: _____

UNIQUE SECRET ANSWER FOR CHILD PICK UP PERSON TO ANSWER: _____

NAME	RELATIONSHIP	DRIVER'S LICENSE NUMBER

PARENT/GUARDIAN VOLUNTEER ABILITY

ARE YOU AVAILABLE TO ASSIST WITH THE LDAC BY VOLUNTEERING YOUR TIME? YES NO
FINANCIAL CREDITS ARE AVAILABLE TO PARENTS FOR TIME INVOLVED IN CHAPERONING, SUPERVISING AND ASSISTING IN ANY CAPACITY NEEDED.

IF YES, PLEASE LIST YOUR AVAILABILITY BELOW:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

FIELD TRIPS: YES NO

OTHER: _____

PLEASE INDICATE IN WHAT CAPACITY YOU MAY BE AVAILABLE. THIS IS NOT A GUARANTEE TO PARTICIPATE, WE JUST WANT TO KNOW IF YOU WOULD BE WILLING IF NEEDED.



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Tell Us More

1. WHY DO YOU THINK THAT L.D.A.C. WOULD BE A GOOD FIT FOR YOUR CHILD?

2. WHAT OBSTACLES HAVE YOU OR YOUR CHILD FACED IN YOUR CURRENT SCHOOLING SITUATION THAT LED YOU TO APPLY?

3. TELL US ABOUT YOUR CHILD, PERSONALITY, ACHIEVEMENTS, AND/OR ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD?

PHOTO RELEASE

I, _____, GIVE PERMISSION FOR L.D.A.C. TO TAKE, AND POST PHOTOS OF MY CHILD ON MEDIA PLATFORMS AS DETERMINED BY LDAC AS NECESSARY.

RELIGIOUS ACTIVITIES RELEASE

I, _____, UNDERSTAND THAT L.D.A.C. AND MERCY HILL MINISTRIES ARE RELIGIOUS ORGANIZATIONS AND PART OF THEIR CO-OP INCLUDES TIMES FOR WORSHIP, TEACHING, AND BIBLE READING IN ACCORDANCE WITH SCRIPTURE. I AGREE THAT MY CHILD WILL PARTICIPATE IN SUCH ACTIVITIES.

MANDATE EXEMPTIONS

MY CHILD HAS A MEDICAL, RELIGIOUS OR PERSONAL EXEMPTION AND WILL NOT BE REQUIRED TO COMPLY WITH THE CURRENT GOVERNMENT MANDATES.

YES NO



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TERMS & CONDITIONS

1. ADMISSION FORM MUST BE FILLED IN WITH DUE CARE BY THE PARENTS/GUARDIAN. ANY CHANGE IN RESIDENTIAL ADDRESS, MOBILE NUMBERS, ETC. MUST BE REPORTED TO L.D.A.C. IN WRITING (ANY CHANGES WILL NOT BE ACCEPTED OVER THE PHONE OR VIA SMS.)
2. THIS APPLICATION IS NOT GUARANTEE OF ADMISSION TO THE L.D.A.C., THERE ARE LIMITED SEATS, AND EACH APPLICATION WILL BE REVIEWED. L.D.A.C. RESERVES THE RIGHT TO MAKE A FINAL DECISION WITH RESPECT TO ADMISSION.
3. ANY ADDITIONAL CHARGES FOR ID CARDS, T-SHIRTS, AND ENTRY FEES (FOR FIELD TRIPS) WILL BE COLLECTED WITH AMPLE NOTIFICATION OF SUCH EVENTS BEING PROVIDED.
4. ANY MISBEHAVIOR/MISCONDUCT BY THE CHILD/PARENT/GUARDIAN WILL LEAD TO RUSTICATION OF THE CHILD WITHOUT PRIOR NOTICE.
5. ALL DONATION FEES ARE NON-REFUNDABLE AND DUE AT THE TIME OF SUBMISSION OF APPLICATION AND OR BY THE DUE DATE LISTED IN THE DONATION FEE SCHEDULE.
6. IN THE CASE OF A CHILD TRANSFERRING OUT OF THE L.D.A.C. FOR ANY REASON, BY THE PARENT/GUARDIAN, WE REQUEST THAT YOU PROVIDE AT LEAST 30 DAYS' NOTICE, SO THAT WE MAY ACCEPT ANOTHER APPLICANT TO FILL THE RESERVED SEAT.

YOU AGREE TO ALL THE ABOVE TERMS AND CONDITIONS UPON SIGNING THE APPLICATION.

DONATION FEE SCHEDULE

APPLICATION DONATION FEE	\$50	DUE AT TIME OF SUBMISSION OF APPLICATION
MONTHLY SEAT RESERVATION DONATION FEE	\$490	DUE NO LATER THEN THE 1 ST OF EACH MONTH

DISCOUNTS ARE OFFERED FOR MULTI-CHILD HOUSEHOLDS

1. ALL MONETARY DONATION FEES WILL BE CLEARED ON OR BEFORE THE DUE DATES. FAILING TO DO SO WILL RESULT IN L.D.A.C. IMPOSING A PENALTY OF \$25 PER DAY, PER STUDENT (HOLIDAYS ARE INCLUDED)
NOTE: L.D.A.C. RESERVES THE RIGHT TO PROVIDE ENROLLMENT OPPORTUNITY TO ANOTHER APPLICANT WITHOUT PRIOR NOTICE IF DONATION FEES ARE NOT CLEARED WITHIN THE 3-DAY PERIOD IMMEDIATELY FOLLOWING THE 1ST OF THE MONTH.
2. DONATION FEES MAY BE SUBMITTED ONLINE VIA ENDUREHARDSHIP.ORG/COOP, CHECK OR CASH.

L.D.A.C./MERCY HILL MINISTRIES ARE 501c3 CHARITABLE ORGANIZATIONS, THEREFORE ALL DONATION FEES ARE TAX DEDUCTIBLE.

AGREEMENT AND SIGNATURE

I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HAVE READ AND AGREE TO ALL THE TERMS, CONDITIONS, AND POLIES LISTED ABOVE. IF THIS APPLICATION LEADS TO ADMISSION, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION IN MY APPLICATION OR INTERVIEW MAY RESULT IN MY CHILD'S IMMEDIATE REMOVAL FROM THE L.D.A.C.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

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