



## Homeschool Program: Registration & Tuition Agreement

Please register with the intention of committing for an entire school year for the continuity of relationships within the program.

A non-refundable **Registration Fee of \$175.00 per child** is due for the 2016-2017 school year.

### Family Information

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_  
*(if different)*

City: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Hm Phone: \_\_\_\_\_ Hm Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Wk Phone: \_\_\_\_\_ Wk Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

### Child Information

**Child #1** Name: \_\_\_\_\_ DOB:    /    /    Grade: \_\_\_\_\_

**Child #2** Name: \_\_\_\_\_ DOB:    /    /    Grade: \_\_\_\_\_

**Child #3** Name: \_\_\_\_\_ DOB:    /    /    Grade: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Relationship to child(ren): \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Email: \_\_\_\_\_

### Additional Information

Any health, education, or behavioral needs of the child(ren)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Please list any allergies: \_\_\_\_\_

**We are registering for:**

Core & Electives Program and Enrichment Day: K-4th Grades or Junior High 4th-8th Grades

- Yorba Linda (17145 Bastanchury Road)  
2 Days (T/TH)
- Costa Mesa (3186 Pullman Street)  
2 Days (M/W)
- Riverside (location TBD)  
2 Days

**Check if you give consent to:**

- Share my child(ren)'s picture on DOL Website
- Share my picture on DOL Website
- Share my child(ren)'s picture on DOL Facebook Page
- Share my picture on DOL Facebook Page

If you or a member of your extended family has a small business that you would like to have included in the Directory, please request a "Business Directory Authorization" form.

**Registration Fee (non-refundable)**

- I will be paying by check (please make checks payable to "Discovery of Learning Homeschool Center")
- Please send me an invoice via PayPal to: \_\_\_\_\_  
(subject to an additional 4% surcharge)      *Email Address* \_\_\_\_\_

**Core & Electives Program Tuition**

- I will be using charter funds: \_\_\_\_\_ *Name of Charter School* \_\_\_\_\_
- I will be paying by check (please make checks payable to "Discovery of Learning Homeschool Center")
- Please send me an invoice via PayPal to: \_\_\_\_\_  
(subject to an additional 4% surcharge)      *Email Address* \_\_\_\_\_

**Core & Electives Tuition Agreement:**

I/we agree to the Terms & Conditions with respect to the Registration Fee, Core & Electives Program Tuition, and any additional fees as part of this agreement. I/we understand that the Registration Fee is required to hold my child(ren)'s spot(s) in the Core & Electives Program is non-refundable. Withdrawal from Discovery of Learning requires a 30 day written notice.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please mail completed registration form with payment of all applicable Registration Fees (if paying by check) to Discovery of Learning at 417 Associated Rd. #272, Brea CA, 92821.*