

Kingdom Disciples Learning Community

Faith-Based Homeschool Support Community



Online and Printable Enrollment Forms Packet

This packet is fillable on a computer and printable for completion by hand. Required fields are marked with an asterisk. Please complete all applicable sections honestly and carefully. Submission of forms does not guarantee enrollment.

The forms in this packet support the enrollment review process for Kingdom Disciples Learning Community, a faith-based homeschool support community. Parents remain primarily responsible for their child's education and homeschool compliance, as applicable.

Forms Included

Enrollment Application

Parent Spiritual Statement

Reference Information Form

Student Health, Emergency Contact & Authorized Pickup Form

Parent Agreement & Acknowledgments

Tuition & Payment Agreement

Tip: If completing by hand, print the packet and write clearly in dark ink. If completing digitally, use a PDF viewer that supports fillable forms, such as Adobe Acrobat Reader or most modern browser PDF viewers.

Signature

Parent / Guardian Full Name *

Electronic Signature (type full name if completing digitally) *

Date *

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Form 1: Enrollment Application

Thank you for your interest in Kingdom Disciples Learning Community. Admission is based on family alignment with our mission, student readiness, references, previous records when applicable, available space, and program fit.

Student Information

Student Full Name *

Preferred Name

Date of Birth * Age *

Grade Level / Learning Level Applying For *

Gender *

Male

Female

Primary Language Spoken at Home

Other Languages Spoken or Understood

Parent / Guardian Information

Parent / Guardian 1 Full Name *

Relationship to Child *

Phone Number * Email Address *

Home Address *

Parent / Guardian 2 Full Name

Relationship to Child

Phone Number Email Address

Home Address, if different

Family and Church Information

Church Attending *

Pastor / Church Leader Name *

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Pastor / Church Leader Email

Phone, if available

How long has your family attended this church?

Briefly describe your family church involvement, ministry, service, or fellowship.

Educational Background

Current Educational Status *

Homeschool

Public school

Private school

Christian school

Co-op / learning center

Other

Name of Previous School / Program, if applicable

Dates Attended

Reason for leaving or seeking a new learning environment *

Has your child ever been suspended, expelled, dismissed, or asked to leave a school, co-op, learning center, or educational program? *

No

Yes

If yes, please explain.

Are there any unresolved behavioral concerns, disciplinary records, or special circumstances leadership should know about? *

No

Yes

If yes, please explain.

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Academic Information

Please describe your child current reading level. *

Please describe your child current writing / handwriting level. *

Please describe your child current math level. *

Please describe your child spelling / grammar level.

Please describe your child experience with science, history, or geography.

What are your child academic strengths? *

What areas need growth or support? *

Learning and Development

How would you describe your child attention span? *

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How does your child respond to correction or redirection? *

How does your child interact with other children? *

How does your child interact with adults and authority figures? *

Does your child have any learning differences, developmental concerns, emotional needs, behavioral needs, or medical needs that may affect

No

Yes

If yes, please explain.

Has your child ever received therapy, tutoring, special education services, counseling, behavioral support, or academic intervention? *

No

Yes

If yes, please explain.

Program Interest

Which program are you applying for? *

PreK-K Program

K-5 Program

Middle School Program

Romanian Heritage Language Program

Not sure / Need guidance

Preferred Start Date *

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Are you interested in the Romanian Heritage Language Program?

Yes, Romanian for Beginners

Yes, Romanian for Advanced / Heritage Speakers

Maybe, please send more information

No

Are you interested in afterschool care?

Yes

Maybe

No

Parent Understanding

I understand that Kingdom Disciples Learning Community is a faith-based homeschool support community.

I understand that parents remain primarily responsible for their child education and homeschool compliance, as applicable.

I understand that enrollment is based on mission alignment, student readiness, references, available space, and program fit.

I understand that submitting an application does not guarantee enrollment.

I understand that a family interview, student evaluation, observation period, or trial day may be required.

I understand that leadership may request previous school records, evaluations, or behavior records.

I understand that final admission decisions are made by the leadership of Kingdom Disciples Learning Community.

Signature

Parent / Guardian Full Name *

Electronic Signature (type full name if completing digitally) *

Date *

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Form 2: Parent Spiritual Statement

At least one parent or legal guardian must submit a written statement describing his or her spiritual walk with Christ.

Parent Information

Parent / Guardian Full Name *

Relationship to Child *

Child Full Name *

Email Address * Phone Number *

Spiritual Statement Questions

1. Please describe your personal relationship with Jesus Christ. *

2. When and how did you come to faith in Christ? *

3. How are you currently growing in your spiritual walk? You may include church involvement, Bible reading, prayer, discipleship, service, fellow

4. What church does your family attend, and how is your family involved? *

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5. Why do you desire a faith-based Christian learning environment for your child? *

6. Why do you believe Kingdom Disciples Learning Community would be a good fit for your child and family? *

7. How do you plan to support the spiritual, academic, and behavioral expectations of the community? *

Parent Affirmation

I affirm that I desire my child to be educated in a Christ-centered learning environment.

I understand that Scripture, prayer, worship, biblical worldview, and Christian character formation are part of the life of the community.

I am willing to support the Christian mission, values, and expectations of Kingdom Disciples Learning Community.

I understand that at least one parent or legal guardian should give testimony of being a born-again Christian.

Signature

Parent / Guardian Full Name *

Electronic Signature (type full name if completing digitally) *

Date *

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Form 3: Reference Information Form

Please provide one pastoral reference and one teacher or educational reference. References may be contacted as part of the enrollment review process.

Student and Parent Information

Student Full Name *	<input type="text"/>
Parent / Guardian Full Name *	<input type="text"/>
Parent Email *	<input type="text"/>

Pastoral Reference

Name of Pastor / Church Leader *	<input type="text"/>	
Church Name *	<input type="text"/>	
Position / Role *	<input type="text"/>	
Email Address *	<input type="text"/>	Phone Number, if available <input type="text"/>
Relationship to Family	<input type="text"/>	
How long has this person known your family?	<input type="text"/>	

Teacher or Educational Reference

Name of Teacher / Educational Reference *	<input type="text"/>	
School / Program / Organization *	<input type="text"/>	
Position / Role *	<input type="text"/>	
Email Address *	<input type="text"/>	Phone Number, if available <input type="text"/>
Relationship to Child	<input type="text"/>	
How long has this person known your child?	<input type="text"/>	

Permission to Contact References

I give permission for Kingdom Disciples Learning Community to contact the pastoral and educational references listed above as part of the enrollment review process. *

Signature

Parent / Guardian Full Name *	<input type="text"/>
Electronic Signature (type full name if completing digitally) *	<input type="text"/>
Date *	<input type="text"/>

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Form 4: Student Health, Emergency Contact & Authorized Pickup

This form must be completed before a student begins attending. Please provide accurate emergency, health, allergy, and pickup information.

Student Information

Student Full Name *

Date of Birth *

Parent / Guardian Contacts

Parent / Guardian 1 Name *

Phone Number * Email Address *

Parent / Guardian 2 Name

Phone Number Email Address

Emergency Contacts

Emergency Contact 1 Name *

Relationship to Child * Phone Number *

Emergency Contact 2 Name *

Relationship to Child * Phone Number *

Authorized Pickup Persons

Authorized Pickup Person 1 - Name / Phone / Relationship

Authorized Pickup Person 2 - Name / Phone / Relationship

Authorized Pickup Person 3 - Name / Phone / Relationship

Authorized Pickup Person 4 - Name / Phone / Relationship

People not authorized to pick up the child, if applicable

Medical and Allergy Information

Does your child have any allergies? *

No

Yes

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If yes, please list allergies, reactions, and instructions.

Does your child have any medical conditions leadership should know about? *

No

Yes

If yes, please explain.

Does your child take any medications? *

No

Yes

If yes, please list medications.

Are there any activity restrictions? *

No

Yes

If yes, please explain.

Physician Name

Physician Phone Number

Preferred Hospital / Medical Facility

Emergency Medical Authorization

In the event of an emergency, I authorize Kingdom Disciples Learning Community leadership or designated staff to contact emergency medical services and/or emergency contacts listed on file. *

I understand that every reasonable effort will be made to contact me as soon as possible. *

I certify that the medical and emergency information provided is accurate to the best of my knowledge. *

Signature

Parent / Guardian Full Name *

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Electronic Signature (type full name if completing digitally) *

Date *

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Form 5: Parent Agreement & Acknowledgments

Parents remain primarily responsible for their child education, homeschool compliance, and continued learning at home, as applicable.

Student and Parent Information

Student Full Name *

Parent / Guardian Full Name *

Email Address *

Parent Agreement

I understand and support the Christian mission and values of Kingdom Disciples Learning Community. *

I understand that Scripture, prayer, biblical worldview, worship, and Christian character formation may be included in the life of the community. *

I understand that parents remain primarily responsible for their child homeschool education and legal compliance, as applicable. *

I agree to communicate respectfully with leadership, teachers, staff, and other families. *

I agree to support the behavioral expectations and discipline policies of the community. *

I agree to provide accurate medical, emergency, and pickup information. *

I agree to keep leadership informed of any significant academic, behavioral, emotional, medical, or family concerns that may affect my child participation. *

I agree to respect drop-off, pickup, tuition, attendance, and communication policies. *

I understand that enrollment may be conditional and may be discontinued if the program cannot meet the child needs or maintain a safe, peaceful, and respectful learning environment. *

Homeschool Compliance Acknowledgment

I understand that Kingdom Disciples Learning Community does not replace my responsibility as the parent/legal guardian for my child education. *

I understand that I am responsible for complying with homeschool laws and requirements applicable to my family. *

I understand that I am responsible for maintaining any required homeschool records, evaluations, portfolios, notices, or documentation. *

I understand that the community provides support, instruction, enrichment, and learning structure, but parents remain primarily responsible for their child education. *

Photo and Media Permission

Please choose one option *

I give permission for my child to appear in photos or videos used for community updates, private parent communication, website, social media, printed materials, or promotional purposes.

I give permission for my child to appear in photos or videos used only for private parent communication and internal community updates.

I do not give permission for my child to appear in photos or videos.

Signature

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Parent / Guardian Full Name *

Electronic Signature (type full name if completing digitally) *

Date *

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Form 6: Tuition & Payment Agreement

This form confirms the family understanding of tuition, annual fees, optional program fees, and payment expectations.

Student and Family Information

Student Full Name *	<input type="text"/>
Parent / Guardian Full Name *	<input type="text"/>
Email Address *	<input type="text"/>
Program / Schedule *	<input type="text"/>
Start Date *	<input type="text"/>

Annual Fees

Application / Evaluation Fee: \$50 per family. Annual Registration, Curriculum & Materials Fee: \$850 per child.

The annual fee helps cover enrollment processing, administrative setup, curriculum planning, student books, workbooks, printed materials, math resources, science materials, history and geography resources, Bible and handwriting materials, literature selections, classroom supplies, art supplies, pottery materials, science experiment materials, map work, hands-on learning materials, sports supplies, and other consumable materials used throughout the year.

Monthly Tuition

Monthly Tuition Amount *	<input type="text"/>
Tuition Due Date *	<input type="text"/>

Payment Method *

- Cash
- Check
- Zelle
- Online payment
- Other

Optional Fees

Romanian Heritage Language Program

Not enrolling

Romanian for Beginners - \$40/month

Romanian for Advanced / Heritage Speakers - \$40/month

Additional sibling - \$30/month

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Afterschool Care

Not enrolling

Monthly afterschool care - \$200/month

Additional sibling - \$150/month

Drop-in only - \$20/day when available

Payment Expectations

I understand that tuition and fees are due according to the payment schedule provided. *

I understand that enrollment is not finalized until required forms and payment arrangements are completed. *

I understand that the Annual Registration, Curriculum & Materials Fee is generally non-refundable because materials are purchased and prepared in advance. *

I understand that tuition reserves my child place in the program and is generally not reduced for absences, vacations, holidays, illness, or missed days. *

I understand that late payments, repeated missed payments, or unresolved balances may affect continued enrollment. *

I understand that optional Romanian and afterschool fees are separate from regular tuition unless otherwise stated in writing. *

I understand that withdrawal, refund, and missed-day policies will be handled according to the written policy provided by leadership. *

Signature

Parent / Guardian Full Name *

Electronic Signature (type full name if completing digitally) *

Date *