



# Member Application

- 1. Please Print.
- 2. Please include both parent signatures.
- 3. Please make or request a copy of the completed application for your records.

Youth Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

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

Parent Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

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

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

When is the youth interested to begin? \_\_\_\_\_

How did you learn about us? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What attracts you most to Liberty SDLC? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

You can return your completed application at an in-person meeting, attached to an email to [troy@libertysdlc.com](mailto:troy@libertysdlc.com) or via mail: Liberty SDLC 201 South 29th Street West Des Moines, IA 50265



## Parent Questionnaire

If more information about how the learning center works would be helpful in answering the following questions, please see the website at [www.libertysdlc.com](http://www.libertysdlc.com)

Parent Name: \_\_\_\_\_

Please answer the following questions either here or on an attached page:

1. Tell us about your child. Personality? Challenges? Ambitions?
2. Why do you think the learning center would be a good fit for your child's needs?
3. Describe your child's prior schooling or homeschooling. What worked? What didn't work?
4. What interests does your child have?
5. What skills, hobbies, and interests do YOU (or your other family members, or your close friends) have that the Liberty learning community might be interested in and/or benefit from?

## Membership Fees and Financial Assistance

Liberty SDLC is primarily funded by membership fees with no assistance from the state or federal government. Families are required, absent a contrary agreement, to pay the full membership fee applicable to their family member or members who take advantage of our services. Having said that, we are committed to trying to ensure that Liberty SDLC is economically diverse and, as such, we will consider fee reduction requests (based on need) on a case-by-case basis. Only in the event of a written confirmation from Liberty SDLC will such a fee reduction be honored by Liberty SDLC.

Fee for 2023-2024: \$10,000

Billing: Upon enrollment, members are required to provide a \$500 non-refundable deposit.

The balance of the fee can be paid in one of these three options:

Option 1: Entire year paid up front on or before Aug. 1st

\$10,000 - \$500 deposit (due at enrollment) = \$9,500

Option 2: Paid in two equal installments due on or before August 1st and January 1st

\$10,000 - \$500 deposit (due at enrollment) = \$4,750 due each installment

Option 3: Ten Monthly payments - starting on or before Aug 1st and continuing through May 1st.

Each payment is due on or before the 1st day of each month.

\$10,000 - \$500 deposit (due at enrollment) = \$950 monthly

Refunds: In no event will the initial \$500.00 non-refundable deposit, once paid, be refunded. Furthermore, no refunds of fees paid under any of the payment options described above will be provided in the event that a child, and/or their family, voluntarily terminate (for a non-medical reason) their membership with Liberty SDLC and/or otherwise unreasonably fail to take advantage of/use Liberty SDLC's services. Additionally, no refunds of fees paid under any of the payment options described above will be paid in the event that Liberty SDLC, in its sole discretion, determines that a child, based on their behavior, should no longer be allowed to participate in the services offered by Liberty SDLC. In the event that a member or members become unable medically (in the opinion of a qualified medical professional) to complete a membership year of participation in the Liberty SDLC program that has already been, in whole or part, paid for, the portion of the made payments covering the portion of the membership year that has to be missed will be refunded by Liberty SDLC.

Pro-Rated Fee: For members who join during the academic year, the fee is pro-rated. The first payment is due upon enrollment.

I plan to pay the full fees and am not applying for financial assistance.

I request consideration for financial assistance. Amount of fees I am able to pay: \_\_\_\_\_

Additional information that will help us understand your financial situation and/or related to the payment of fees: \_\_\_\_\_

I have read and understood the foregoing and hereby agree to be bound by the same.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*\*Please include **both** parents' signatures.*

*Liberty Self-Directed Learning Center is a 501c3 tax-exempt organization. We accept tax-deductible donations to support economic diversity at our centers. If you know someone who would like to support us in our mission, or if you would like to make a donation yourself, please be in touch.*