DANIEL ISLAND ACADEMY 2024 - 2025 ENRICHMENT REGISTRATION

CHILD'S NAME:

1ST month DUE NOW

1ST month DUE NOW

CLASSROOM:				
always be accommodated in addition	on to the 3 guaranteed class	ay. Fees are based on a guarantee of ses. All monthly programs are automath to avoid any outstanding fees. NO C	atic renewals. If you wish to discontin	nue, notification must be
MONDAY (30 mins)		MONDAY (35 mins)	WEDNESDAY (45 mins)	WEDNESDAY (35 mins)
\$60 monthly (auto-renewal)		\$80 monthly (auto-renewal)	\$70 monthly (auto-renewal)	\$70 monthly (auto-renewal)
2-5 years old		2-5 years	3-5 years old	2-5 years old
DATES: 9/7 - 4/28		DATES: 9/7 - 4/28	DATES: 9/4 - 4/28	DATES: 9/4 - 4/30
NO CLASS: 9/2, 10/14, 11/4, 1/20, 2/17, 4/7		NO CLASS: 9/2, 10/14, 11/4, 1/20, 2/17, 4/7	NO CLASS: 11/6, 11/27, 4/16	NO CLASS: 11/9, 4/9
Simple yoga poses will be combined with engaging songs, props that exercise social, sensory and motor skills to increase flexibility, balance and endurance.	Basic tumbling and beam skills through progressions to build strength, flexibility, balance, coordination and endurance.	Little Ballers is an introduction to Basketball. We will teach the basics of dribbling, passing, shooting, and create a passion for the game! Silent basketball available for purchase. (Please check if wishing to purchase)	A traditional combination dance class. Basic tap, ballet and jazz techniques, terminology, counting music, props, rhythm & rhymes and partnering. Dancers will have a blast in this exciting and fun-filled class.	Combining fitness & fun, kids explore & develop athletic skills with the introduction of 10 sports, while learning about muscles groups & nutrition. *One time registration fee of \$25 (includes a shirt) ***2-3 year old class meets for 20 minutes only SHIRT SIZE:

*CONTINUE THE REGISTRATION PROCESS ON PAGE 2

1ST month DUE NOW

1ST month DUE NOW

1ST month DUE NOW

MONTHLY & SESSION PROGRAMS

Programs will meet once a week on their designated day. Fees are based on a guarantee of 3 offered classes of participation each month. Make-up days can't always be accommodated in addition to the 3 guaranteed classes. All monthly programs are automatic renewals. If you wish to discontinue, notification must be received by the 15th of the preceding month to avoid any outstanding fees. NO CLASSES IN DECEMBER/MAY **unless indicated below

Karate	Soccer Shots		WEE LITTLE ARTS Molding Creative Thinkers	Lil' Laxers/
TUESDAY (35 mins)	FRIDAY (30 mins)		WEDNESDAY (45 mins)	THURSDAY (30 mins)
\$70 monthly (auto-renewal) 3-5 years old DATES: 9/3 - 4/29	\$70 monthly (auto-renewal) 2-5 years old DATES: 9/6 - 5/2		cost/length varies per session 3-5 years old	\$110 per session 3-5 years old
NO CLASS: 11/5, 4/8 With the help of our Muscle Zoo friends, we teach the	NO CLASS: 11/8, 11/29, 4/11, 4/18 Premier intro to soccer that aligns with	SIONS	Students will be exposed a wide range of visual art concepts using art history and children's literature. Vocabulary, use of materials, discussion, imagination and creation will help students focus on their masterpieces!	Introduction to Jacrosse - basic of
this high-energy progression-based program. Students learn & practice the traditions & skills of the sport. *One time registration fee of \$35 (includes a shirt and belt) SHIRT SIZE:	NAEYC state standards for child development. Each class will focus on motor skill, soccer skill and character development, with an emphasis on fitness and fun.		Sessions beginning in January - more details to come	#1: 8/29 - 10/3 Confident Cradle & Grip #2: 10/10 - 11/21 *No Class 11/7 Aiming & Dodging #3: 1/9 - 2/13 Defense & Footwork #4: 2/20 - 3/27 Pass-Catch-Shoot
1ST month DUE NOW	1ST month DUE NOW		1ST month DUE NOW	1ST month DUE NOW

ALL payments are due at time of registration (per program) and become non-refundable 2 business days prior to the first day of class. No credit may be issued for partial attendance of any program. Reasonable attempts to reschedule will be in the case of a provider needing to cancel class. Refunds will not be given for a student missing class, nor for cancellations due to inclement weather or other extraordinary circumstances beyond our control.

I HAVE READ THROUGH AND AGREE WITH THE DETAILS ASSOCIATED IN ALL PROGRAMS THAT MY CHILD HAS SIGNED UP FOR.

PARENT SIGNATURE: _			DATE:		
	PAYMENT METHOD:	CASH	ACH:	ON FILE:	
	CHOOSE ONE	CHECK:	CREDIT CARD:	YFS NO	

South Carolina Department of Social Services Chld Care Licensing

AUTHORIZATION FOR INTERVENTION, THERAPY & EXTRACURRICULAR ACTIVITIES

Dance Express, Amazing Athletes, Lil' Laxers Lacrosse, Soccer Shots, Stretch N Grow, Wee Little Arts, Little Ballers & Karate Zoo Name of Person/Entity Providing Activity					to remove	
	Name of Child		_		Child's Date	e of Birth
from	DANIE	EL ISLAND AC	ADEM	Υ	and/or i	ts programs from
12:00pm	to	4:00pm	_ on	24-25 S		
for the purpo	ose of participati			osse, Baseball/ <u>Ba</u> Gymnastics/Yoga	asketball/Flag	ee instructions below)
while partici		Tap/Ballet, Karate, Lacros Football, Soccer, G			my chi	ld WILL NOT be
supervised by a	qualified staff po	erson employed by	D,		AND A	CADEMY
I am also av		Pance Express, Amazing A Pro Performance Athlet Name of Pe	ics, Soccer S Little Arts	Laxers Lacrosse, l hots, Stretch N G	Little Ballers,	and its employee
are not requ	ired to adhere to			ANIEL ISL	AND AC	
including, b	out not limited to	laws governing staff	to child ra			•
ducational trainir	ıg.					
	Davant / Cuardian la Cign	atura.	_		Dot	
Lem	Parent/Guardian's Sign	sciebt:	_		08/05/	_
An Fr Child	Care Facility Director's	Signature MM Gorman MWB			Date 08/05/2	
Perso	ns Providing Activities'	Signatures	-		Date	<u> </u>

Instructions:

This form must be completed and signed by all parties before providing services or activities. Beginning and ending dates should be used to show when the service or activity is being provided. If the service or activity continues for more than a year from the date it is signed, the form must be renewed.



Daniel Island Academy 300 Seven Farms Drive Daniel Island, SC 29492 Phone: 843.971.5961 Fax: 843.375.2111 www.danielislandacaemy.com

FOR PARENT COMPLETION

Daniel Island Academy, LLC Authorization and Confirmation of Therapy, Intervention, Treatment and Extracurricular Activities

I		_understand that my child	is receiving	or participating in a program
	(name of parent)	(r	ame of child)	
with	DE,ZK,LAX,AA,SS,SNG,I	<u>B, WLA</u> while at Daniel Is	land Academy. I have read and ι	inderstand the insurance and
	(name of vendor or ser	vice provider)		
licer	nsing policies of	DE,ZK,LAX,AA,SS,SNG,WLA,LB	and release Daniel Islar	d Academy from
		(name of vendor or service pro	vider)	
active super Cert class pare ratio to re	vity. A staff member of cervision. I have acknow ifficate of Liability listing sroom), copy of provident or guardian, I am alos, supervision, education.	of Daniel Island Academy is not rledge that I have requested and ing Daniel Island Academy as er's professional license or ce so aware that each service pro onal training, and background	providing treatment, intervention to guaranteed to be with your chand received the following but not additional insured, DSS Formortification, and Daniel Island Activities or vendor should provide screening and checks. I agree the are not an attending and/or activities.	nild during these activities for a limited to a copy of photo ID, 2930 (if child removed from cademy school waiver. As the and adhere to laws governing that my child is not authorized
	·		Date	
Sign	ature of Parent		Date	
Sign	ature of Director	my Newsiebt	Date08/05/24	
	VENDOR COMPLETION			
Ι	ALL DIA AFFILIATED INSTRU	CTORS withDE,ZK,LA	X,AA,SS,SNG,WLA,LB unc	erstand that I will be
rem (na		e provider) (company of v		
(III	inc or vendor or service		n of Daniel Island Academy while	a providing therapy
	(name of student)	from the direct supervision	If of Danier Island Academy Willie	providing therapy,
inte	•	ıd extracurricular activities duri	ng school hours. I also understar	nd that the facilities and
			ame condition upon entering. No	
			tly attending and/or actively pay	
			olicies at Daniel Island Academy	
			. If using the facilities of Daniel Is	
_	·		w the licensing, safety, and confid	•
		,	ervices: a copy of photo ID, Cert	
-	•		30 (if child removed from classro	· · · · · · ·
	•		er and background check if need	
			-	eu.
Sign		er or Vendor MA		08/05/24
Sign	ature of Director	Lemy Janos	Date	08/05/24