DIA WAITLIST

MUST complete front and back of the form.

Child Name:_____ Nickname: _____

First *Last*

Date of Birth: _____ Gender: ☐ Male ☐ Female

PROGRAM OF INTEREST

ALL programs are FULL DAY / 10-month option offered for 3's and 4's programs ONLY

☐ Pre-Toddler Program (6 -12months)

☐ Toddler Program (12-24 months)

☐ Two's Program (24-36 months)

☐ Three's Program (36-48 months)

- ◯ 10-month (excludes Summer of Discovery)
- ◯ 12-month (includes Summer of Discovery)

☐ Four's Program (48-60months)

- ◯ 10-month (excludes Summer of Discovery)
- ◯ 12-month (includes Summer of Discovery)

REGISTRATION FEE (per family)

Non-refundable upon submission

Multiple Children? YES ☐ NO ☐

NEW $150 (Never Attended) ☐

Returning $75 (Returning Family) ☐

PAYMENT METHOD (ACH FORM ATTACHED)

CASH ☐ CHECK ☐

BANK DRAFT ☐ CREDIT CARD* ☐

3% fee applies

PARENT SIGNATURE (please print): _____

PARENT SIGNATURE: _____ DATE: _____

Daniel Island Academy does not accept medical or religious immunization exemptions.

Waitlist placement is based on date that forms & fees are received.

Guaranteed enrollment is not promised. It is dependent on availability.

All policies and terms published in the DIA Parent Handbook apply.

DANIEL ISLAND ACADEMY

FAMILY APPLICATION

ARE YOU AN ALUMNI FAMILY? (previous child is a DIA graduate): ☐ YES ☐ NO

NAME OF GRADUATE: _____

GUARDIAN 1:

NAME: _____ RELATION TO CHILD_____

CELL: _____ WORK: _____

EMAIL: _____

ADDRESS: _____

Street Address City State Zip Code

GUARDIAN 2:

NAME: _____ RELATION TO CHILD_____

CELL: _____ WORK: _____

EMAIL: _____

ADDRESS: ☐ SAME AS ABOVE ☐ SEPARATE ADDRESSES

ADDRESS: _____

Street Address City State Zip Code

CHILD(REN) NAME(S): Please list all children eligible to attend DIA

NAME: _____ DOB: _____ SCHOOL YEAR: _____

NAME: _____ DOB: _____ SCHOOL YEAR: _____

NAME: _____ DOB: _____ SCHOOL YEAR: _____

NAME: _____ DOB: _____ SCHOOL YEAR: _____

Daniel Island Academy does not accept medical or religious immunization exemptions.

It is the responsibility of the parent/guardian to update contact information with the front desk accordingly

HOW DID YOU HEAR ABOUT US? (check all that apply)

INTERNET: ☐ GOOGLE: ☐ DROVE BY: ☐ REFERRED BY:

Automated Payment Processing

Procare SOLUTIONS

Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) DANIEL ISLAND ACADEMY to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

**effective January 3, 2022, credit card payments will be accepted*

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card) **A 3% convenience fee (per transaction) will apply**

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number _____ Expiration Date _____

Cardholder Signature _____ *CVV_____ Date _____

SECTION B (Bank Account)

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____ Bank or Credit Union Address _____ City _____ State _____ Zip _____

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____ ☐ Checking ☐ Savings

Authorized Signature _____ Date _____

FOR OFFICIAL USE ONLY

Date Received _____

Employee Signature _____

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