



# DIA FAMILY APPLICATION

*Must be accompanied with DIA's Waitlist or Guaranteed Enrollment form.*

ALUMNI (*has anyone in your immediate family graduated from DIA?*) YES \_\_\_ NO \_\_\_

NAME OF GRADUATE: \_\_\_\_\_ SCHOOL YEAR: \_\_\_\_\_

## PARENT/GUARDIAN 1

NAME: \_\_\_\_\_

CELL: \_\_\_\_\_

WORK: \_\_\_\_\_

EMAIL: \_\_\_\_\_

RESIDENCE: \_\_\_\_\_

STREET

CITY

STATE

ZIP

## PARENT/GUARDIAN 2

NAME: \_\_\_\_\_

CELL: \_\_\_\_\_

WORK: \_\_\_\_\_

EMAIL: \_\_\_\_\_

RESIDENCE: \_\_\_\_\_

STREET

CITY

STATE

ZIP

**CHILD(REN) NAME(S):** *Please list all that apply (ages 1-5 are eligible to attend DIA)*

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

SCHOOL YEAR: \_\_\_\_\_

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

SCHOOL YEAR: \_\_\_\_\_

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

SCHOOL YEAR: \_\_\_\_\_

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_

SCHOOL YEAR: \_\_\_\_\_

### SCHEDULE A TOUR

\_\_\_\_\_ Yes, I'm interested

\_\_\_\_\_ I have already toured

\_\_\_\_\_ I am not interested at this time

TOUR DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

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

\_\_\_\_\_ Internet

\_\_\_\_\_ Social Media

\_\_\_\_\_ Drove By

\_\_\_\_\_ Referred By (*specify name*)

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

300 Seven Farms Drive, Daniel Island, SC 29492

843-971-5961

11.07.2022



# DIA WAITLIST

Must be accompanied with DIA's Family Application form.

CHILD NAME: \_\_\_\_\_ NICKNAME: \_\_\_\_\_  
FIRST LAST

BIRTHDAY: \_\_\_\_\_ GENDER: Male \_\_\_ Female \_\_\_

Sibling(s) currently attending DIA (if applicable): \_\_\_\_\_

**SCHOOL YEAR** \_\_\_\_\_

### **PROGRAM OF INTEREST**

ALL programs are FULL DAY, up to 10 hours daily care allowed

Opening Hours: 7:00am - 5:30pm, Monday - Friday

10-month option offered for 3's and 4's programs ONLY

\*Summer of Discovery is available in June & July\*

**One's (1) Program** \_\_\_ (12 - 24 months)

**Two's (2) Program** \_\_\_ (24 - 36 months)

**Three's (3) Program** (36 - 48 months)

\_\_\_ 12-month (includes Summer of Discovery)

\_\_\_ 10-month (excludes June & July)

\_\_\_ Summer of Discovery

**Four's (4) Program** (48 - 60 months)

\_\_\_ 12-month (includes Summer of Discovery)

\_\_\_ 10-month (excludes June & July)

\_\_\_ Summer of Discovery

### **REGISTRATION FEES** (per family)

Non-refundable upon submission

Multiple children? YES NO

NEW (\$150)\_\_\_ (has never attended DIA)

RETURNING (\$75)\_\_\_ (has attended DIA in the past)

### **PAYMENT METHOD** (please circle one)

ACH/Credit Card authorization form on back

Cash

Check

Bank Draft

Credit Card

\*3% fee applies

PARENT NAME (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.**

# Automated Payment Processing



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.

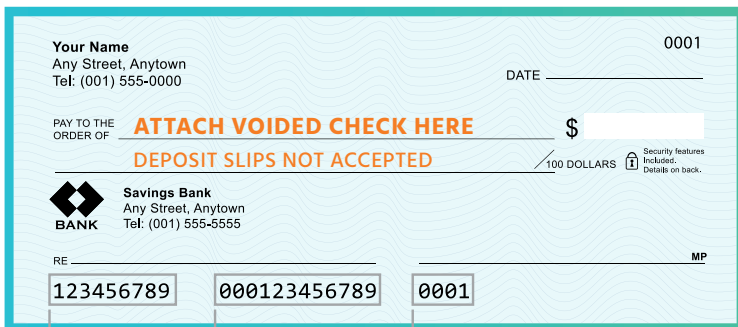
### COMPLETE ONE SECTION ONLY

#### SECTION A (Credit Card) (includes a 3% convenience fee (per transaction))

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date	CVV	
Cardholder Signature	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)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			



ROUTING NUMBER      ACCOUNT NUMBER      CHECK NUMBER

#### FOR OFFICIAL USE ONLY

_____
<b>Date Received</b>
_____
<b>Employee Signature</b>

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