



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.

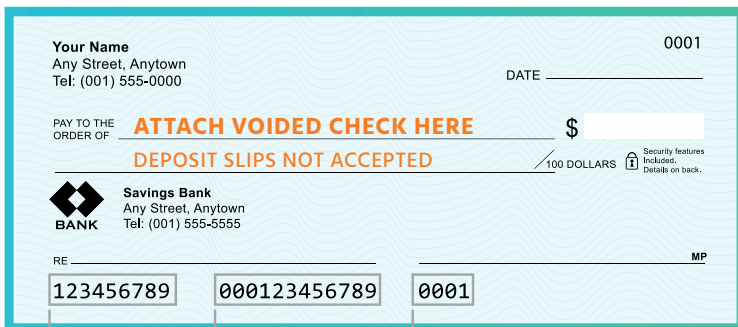
COMPLETE ONE SECTION ONLY

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

Date Received

Employee Signature

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