The Davis Academy

Enrollment

Instructions: Once the application is complete. Use your mobile phone to take an image of the enrollment form and attach it to an email to send to: gkdavis888@gmail.com for full completion of the enrollment process.

I. CHILD INFORMATION

Full Name:_____

Age: _____ Gender:_____ Date of Birth: _____

Address:_____

OPTIONAL Ethnicity (Select one): ❑ Hispanic, Latino, or Spanish Origin ❑ Not Hispanic, Latino, or Spanish Origin ❑ I decline to answer

OPTIONAL Race (Select one or more): ❑ American Indian or Alaskan Native ❑ Black, African American, or Haitian ❑ Asian ❑ White ❑ Native, Hawaiian, or Other Pacific Islander ❑ I decline to answer

II. PARENT / GUARDIAN INFORMATION

Full Name: _____ Relation: _____

Email:_____ Phone: _____

Address:_____

(If different from child's)

Parent/Guardian Marital Status: ❑ Single ❑ Married ❑ Divorced ❑ Widowed Primary

Residence: ❑ Mother ❑ Father ❑ Both ❑ Guardian

Full Name: _____ Relation: _____

Email:_____ Phone: _____

Address:_____

(If different from child's)

Parent/Guardian Marital Status: ❑ Single ❑ Married ❑ Divorced ❑ Widowed Primary

Residence: ❑ Mother ❑ Father ❑ Both ❑ Guardian

III. PRIMARY CONTACT AND RELEASE PERSONS

Parent/Guardian #1: _____

Relationship to Child: _____

Primary Phone: _____Secondary Phone:_____

Home Address:_____

Email : _____

Employer: _____

Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Parent/Guardian #2:_____

Relationship to Child: _____

Primary Phone: _____Secondary Phone:_____

Home Address:_____

Email : _____

Employer: _____

Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Signature:_____ Date:_ _____

IV. **EMERGENCY CONTACT AND RELEASE PERSONS**

Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of emergency. Check the "Emergency Contact and Release" box, as the persons listed will also be authorized to pick up or accompany the child for the purposes of medical treatment. We will not release a child to anyone (other than the parent) under the age of eighteen (18), including siblings. Additionally, please list the persons you would like to be authorized for pick-up only on a given day (i.e., babysitter). For these persons, check the "Release Only" box. For the safety of your child, we will request all authorized release persons with whom staff are not familiar to provide government-issued photo identification at the time of pick-up. You may also be required to complete state-specific emergency release forms required by individual state childcare licensing regulations.

Person #1 Mandatory:

Name: _____

Relationship to Child: _____

Primary Phone: _____Secondary Phone:_____

Home Address:_____

Employer: _____

Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

❑ Emergency Contact and Release ❑ Release Only

Person #2 (Optional):

Name: _____

Relationship to Child: _____

Primary Phone: _____Secondary Phone:_____

Home Address:_____

Employer: _____

Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

❑ Emergency Contact and Release ❑ Release Only

Person #3 (Optional):

Name: _____

Relationship to Child: _____

Primary Phone: _____Secondary Phone:_____

Home Address:_____

Employer: _____

Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

❑ Emergency Contact and Release ❑ Release Only

If you want a person who is not identified above to pick up your child, you must notify school staff in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into the school because you are unable to submit your authorization in writing, we will use your personal information from this packet to verify your identity. For all children's safety, it is critical to use your secured access to enter the building and sign in your child according to state childcare licensing regulations. To ensure the safety of our school's staff and children, please do not share your secured access with anyone else. Please see a member of management for additional information.

V. **CLASS / PROGRAM**

Tuition

- ❑ Infant (0 – 1 years) $950/month
- ❑ Toddler (1 – 3 years) $850/month
- ❑ Preschool (3 – 4 years) $750/month
- ❑ Pre – K (4 – 5 years) $750/month

After Care

After Care programs provide supervised childcare, homework help, and enrichment activities outside of regular school hours. Our after-care hours are from dismissal, typically 3:00 PM—until 6:00 PM. **The cost for after-care is $250/month.The cost for after-care is $250/month.**

Would you like to enroll your child in after-care?

- ❑ Yes
- ❑ No

Meals

Meals are to be provided by parent / guardian daily

VI. **DOCUMENT VERIFICATION**

We request that you make copies of all documents to be verified (using mobile / cell phone) and attach images to an email. Send email to enrollment@thedavisacademy.com

Note: Please bring all originals to Parent / Teacher Orientation TBA at a later date. The copies will serve as a place holder until the originals are presented.

Proof of age: An official birth certificate or passport to verify the child's age for classroom placement and state-mandated staff ratios.

Immunization records: Official state immunization forms showing age-appropriate vaccinations.

Physical examination form: A recent health examination signed by a licensed physician or health department.

Medical history & allergy plan: Documentation of chronic conditions, dietary restrictions, and specific allergy action plans if applicable

Parent's Picture ID: ID are required for identification purposes (i.e. individuals permitted to pick up your child).

VII. **Payment**

All payments must be paid in full **(Tuition and Aftercare if applicable)** to complete enrollment. Payments can be made through the following apps:

- Paypal
- Cash (In-person) **Notify by email: gkdavis888@gmail.com to arrange meeting. Meetings are every Wednesday in October.**

TRANSPORTATION AUTHORIZATION

AUTHORIZATION FOR TRANSPORTATION AND FIELD TRIPS

The school may plan carefully arranged, supervised special trips for the children away from the school that do not require bus transportation. You will be notified in advance of all trips. These include children taking walks and riding in strollers, wagons, etc. I give the school permission to take my child on these field trips. I (we) also authorize the school to evacuate in case of emergency. I understand that the evacuation site is posted in the school and listed in the Family Handbook.

Parent/Guardian Signature: _____ Date: _____

PARENTS/GUARDIANS OF CHILDREN AGES 4 YEARS OLD AND OLDER ONLY

I give the school permission to transport my child for the purposes of field trips that require bus transportation and/or transportation to or from his or her local school. By signing below, I affirm that my child is at least 4 years old and 40 pounds or more.

Parent/Guardian Signature: _____ Date: _____