



2011-12 Enrollment Packet

May 25, 2011

Dear Daniel Island Academy Family:

The **2011-12 Enrollment Packet** has been issued electronically and posted to the school's website at www.danielislandacademy.com, under Enrollment/Downloadable Forms. You may complete it online and print a copy for submission or request a copy from the front desk. If you haven't already, you will receive a copy of this letter along with two (2) copies of the **Emergency Information Card** to be completed by hand and returned with your Enrollment Packet.

Your Enrollment Packet includes a **Child Information Profile** and **Readiness Check (Denver II) Questionnaire**, which are part of your child's portfolio for **Reference Point®**, Daniel Island Academy's system for mapping your child's developmental growth. Your answers serve as the starting point in understanding your child's developmental history so that an individualized program may be created of educational and developmental goals. For more information on how **Reference Point®** will make a difference in your child's future, a Reference Point Manual is posted to the school's website under Enrollment/Downloadable Forms.

All Enrollment Packet forms **must** be completed and returned with your initial tuition payment by **July 11, 2011**. Please understand that due to licensing and administrative reasons we ask that you complete these forms every year. If your payment has not been received by **July 11**, your child's position will be released to a waitlist prospect. Additionally, the second Full Day tuition payment of the new school year is due on **Monday, July 25**. While school is not in session that week, we will be open during regular business hours to drop off your payment or you may mail it to us.

I look forward to working closely with each family to provide the highest quality child development experience. Please reference our website, www.danielislandacademy.com, and follow us on Facebook, www.facebook.com/danielislandacademy, for regular updates on school information and events. And, as always, please don't hesitate to call, email or stop by if you need anything. I look forward to a great year!

Warmest Regards,

Kerry Nowosielski
Director

www.danielislandacademy.com

300 Seven Farms Drive, Daniel Island, South Carolina 29492 843.971.5961



Enrollment Packet Instructions and Checklist

2011-12 Academic School Year

This package contains important Enrollment forms that must be completed and returned with your initial tuition payment by **July 11**.

Please complete and return the following forms. All forms are available on our school's website at www.danielislandacademy.com/enrollment/enrollment-downloadable-forms (except Proof of Current Immunization and Emergency Information Cards)

- DSS form 2900
- Child Information Profile (*Reference Point*®)
- Readiness Check (Denver II) Questionnaire
- Child Alert
- Pick-Up Authorization Form
- Two (2) Emergency Information Cards (Front & Back)*
Hard copies of cards are provided to be completed by hand and signed by a notary (notary is available at the school's front desk)
- Parental Consent & Acknowledgment Form
- Proof of Current Immunization – *provided by Pediatrician***
- Automatic Draft Authorization Form
- Emergency Care Transportation Form
- PADIA Form
- HIPPA Form (Reference Point)

*Yes, two **original** Emergency Information Cards are needed, one at the front desk and one in your child's classroom.

Families new to South Carolina may initially submit your child's current out-of-state immunization record. This form needs to be updated to a South Carolina record within 30 days of your child's first day at school. This process can be as simple as faxing your out-of-state record to a local pediatrician who will convert it to a South Carolina record, and most **do not require a doctor's office visit in advance.

www.danielislandacademy.com

300 Seven Farms, Daniel Island, South Carolina 29492 843.971.5961

South Carolina Department of Social Services
Child Care Regulatory Services

**GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION
TO CHILD CARE FACILITY**

This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.

GENERAL INFORMATION: (to be completed by Parent or Guardian)

Name of Facility: _____ County: _____

Address: _____
Street Address – no Post Office Boxes City, State, Zip

Child's Name: _____
Last First Middle Initial Nick Name

Date of Birth: _____ Enrollment Date: _____

Child's Current Home Address: _____
Street Address City, State, Zip

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

You must have two individuals who have the authority to obtain emergency medical treatment for the child.

1. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name Relationship
Address: _____
Street Address City, State, Zip
Telephone Number(s): _____ Family Code Word(s): _____

2. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name Relationship
Address: _____
Street Address City, State, Zip
Telephone Number(s): _____ Family Code Word(s): _____

Is Child currently enrolled in school? (5K up to 6 years old) Yes No

My Child will regularly attend this facility **FROM** _____ am/pm **TO** _____ am/pm

If Child is a drop-in, indicate hours of care: **FROM** _____ am/pm **TO** _____ am/pm

Check all days Child will regularly attend this facility: **Mon** **Tue** **Wed** **Thurs** **Fri** **Sat** **Sun**

Check all meals Child will receive daily: **Meals are not offered** **Breakfast** **Morning Snack** **Lunch**
 Afternoon Snack **Dinner** **Evening Snack**

HEALTH INFORMATION: (to be completed by Parent or Guardian)

Family Physician or Health Resource: _____
Name

Street Address City, State, Zip Telephone

Emergency Care Provider: _____
Emergency Facility Name

Street Address City, State, Zip Telephone

Dental Care Provider: _____
Name

Street Address _____ City, State, Zip _____ Telephone _____

Health Insurance Provider: _____

Certificate of Immunization: Yes No N/A Please explain: _____

My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or takes the following medications on a regular basis:

Additional Comments: _____

I certify that to the best of my knowledge _____
Child's Name

is in good mental and physical health and able to participate in the child care program at

Name of Child Care Facility

Signature: _____ Date: _____
Parent or Guardian

Signature: _____ Date: _____
Director/Operator/Staff Designee



Child Information Profile

Thank you for taking the time to complete this developmental profile history regarding your child. This valuable information will help the school and your teacher understand your child better, in addition to creating and developing social, emotional, developmental, and academic goals for the classroom and your child specifically. All information provided will be held in strict confidence by all staff. Should you have questions about this form please contact the school at 843.971.5961.

I: Child and Family Information

First Name	Last Name	Nickname	Age	Program	Date of Birth	Ethnicity
Person Completing Form			Relationship		Today's Date	
Parent/Guardian			Home Phone		Work Phone	Cell Phone
Email Address						
Street Address			City	State	Zip Code	
Parent/Guardian			Home Phone		Work Phone	Cell Phone
Email Address						
Best Method of Contact (Please check): ___ Home ___ Cell ___ Work ___ Email						
Address (If Different From Above)			City	State	Zip Code	
Child's Birthplace				Adopted ___ Yes ___ No		Age of Adoption
Other Languages Spoken in the Home:						
Child Resides with:						
Please include any custody issues:						
Please list siblings and ages:						



Child Information Profile

II: Child Social, Emotional, and Developmental Information

Please describe your child's personal interests, strengths, and hobbies.
Are there any developmental concerns related to speech, learning, motor, etc. that you wish the school to be aware of?
Any medical issues or prior hospitalizations?
Is your child receiving developmental, special education, or psychological services outside of school to assist with any developmental issues? If yes , please explain. Copies of IFSP, IEP, evaluation, etc. will be kept confidential.
Are there any religious, personal, or social issues that you wish to make the teachers aware of to better understand your child or to be sensitive of in the classroom?
Please describe child's present temperament (e.g., active, irritable, stubborn, sensitive, withdrawn, shy, etc.)
Is your child presently taking any medications? If yes, please list. Any notable side effects from medication that the school should be aware of? Does your child have food allergies? If yes, please list* Please note that all DIA allergy forms must be completed and submitted prior to enrollment (see front desk) Does your child have any food exceptions based upon dietary preference or religious beliefs?
Please include anything that you wish for the school to understand about your child and your goals for their learning experiences?



Confidential

Readiness Check (Denver II) Questionnaire

Please complete the following questions to assist with the annual Readiness Check. Your child's evaluator and teacher cannot see or know many of the things you will observe at home. These questions cover from one year to five years of age, so if a question concerns a skill your child has accomplished some time ago, please still answer 'yes'. Please add comments as needed.

Date: _____ Child's Name: _____ Birth Date: _____

Adaptive-Personal

1. Can your child feed themselves with a spoon and fork? Yes No
 If not, are they feeding themselves finger foods? Yes No
2. Circle the drink container used by your child (circle all that apply): Bottle Sippy Cup Open Cup
3. Can your child put on or pull off any articles of clothing? Please describe (i.e., Can pull on shirt, but needs help with pants, snaps, buckles, etc.). _____

4. Does your child play games with others? Depending on age and development, games can range from basic interaction of peek-a-boo and pat-a-cake to card games like "Go Fish"). _____

5. Can your child brush their teeth with or without parent assistance? (Full independence is when your child understands each sequence, beginning with turning water on and off, putting toothpaste on the toothbrush, but their parents may follow up behind them). _____
6. Can your child wash and dry their hands with or without assistance? Yes No
7. Does your child have chores to do in the house? For example make bed, set the table, put up toys, etc?

8. Are there any foods you child can prepare independently such as sandwiches or cereal? _____

9. Do you allow your child to prepare cereal in the morning independently? *Full independence is pouring cereal and milk in bowl.* Yes No





Confidential

Readiness Check - Denver II
Questionnaire Continued

Language

- 10. Does/did your child jabber and use baby talk as beginning communications? Yes No
- 11. Is your child imitating words and sounds made by an adult? Yes No
- 12. Is your child able to say MaMa and DaDa specifically? Yes No
- 13. How many words is your child able to say? More than 5, less than 10, full sentences, etc.?

Please describe: _____

- 14. Is your child engaging in nonverbal gestures such as pointing, waving goodbye, or shaking their head "yes" or "No"? _____

Social

- 15. Does your child enjoy engaging in play with other children? Yes No
- 16. Please describe your child's temperament? _____

- 17. Does your child enjoy imaginary play (playing superheroes, house, teacher, etc.)? Yes No
- 18. What other types of activities does your child enjoy? (i.e., reading, crafts, puzzles) _____

- 19. Is your child involved in enrichment activities, such as Little Gym, community sports, play groups?

Please describe: _____

Please list child development books or guides that you use or have used as a personal resource (i.e., *Touchpoints*, notable article or guide, etc.): _____





PICK-UP AUTHORIZATION

Child's Name: _____

Parent/Guardian's Name: _____

Address: _____

Home phone: _____

Work phone: _____

Cell phone: _____

Please list all individuals you authorize to pick up your child (limit 3)

The following people **MUST** present a photo ID at time of pick-up

Name	Relation	Phone
1. _____		
2. _____		
3. _____		

Parent/Guardian's Signature: _____

Must be original

Date: _____

CONFIDENTIAL



Emergency Care Transportation Form

Notice: In the event it is necessary to transport your child to a clinic or hospital, this form will be used to provide the hospital with important information.

Child's Full Name: _____

Address: _____

Drug Allergies: _____ Blood Type: _____

Health Concerns: _____

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Mother/Guardian's Name: _____ Place of Employment: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Father/Guardian's Name: _____ Place of Employment: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contacts (other than physicians)

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Insured's Name: _____ Insurance Provider: _____

Provider's Address & Phone: _____

Policy Number: _____ Insured's ID# _____

I give permission for my child, _____, to be transported to
_____ Hospital in the event of an emergency.

Parent/Guardian Signature: _____ Date: _____



Daniel Island Academy

Consent Form to Comply With Federal HIPAA Act

Patient Consent for Use & Disclosure of Protected Health Information

With my consent and signature, Daniel Island Academy LLC. may use and disclose protected health information about my child to clinicians or other defined professional associates as directed by the parent or Guardian:

- 1) Carry out treatment, payment, and healthcare operations (services).
- 2) Call my home or other designated locations and leave a message on voice mail or by phone in reference to any item (i.e. but not limited to, appointment reminders, insurance items, references to clinical care or laboratory results) that will assist in the practice of medical care for my child.
- 3) Mail to my home or other designated address any item (i.e. but not limited to, appointment reminder cards, patient financial statements) that will assist in the practice of medical care for my child. Such correspondence is to be marked personal and confidential.
- 4) Send or transmit e-mail to any location provided by me for all above similar items and purposes.
- 5) To use and/or disclose protected health information about my child to/with third parties involved in my child's care. Such parties may include but are not limited to, insurance companies, hospitals, specialty physicians, laboratory personnel. I may specifically describe the type of information (i.e. dates of services, level of detail, origin of information) subject to disclosure and may revoke this permission at a time and date chosen by me.
- 6) I have the right to review the Notice of Privacy Practice Manual of Daniel Island Academy LLC. Daniel Island Academy LLC. may revise its manual and procedures at any time deemed necessary, and I may request from time to time in writing a copy of such changes, should these changes directly relate to my child's care.
- 7) I have the right to request that Daniel Island Academy LLC. restrict how it uses or discloses my child's health information. However, as stated previously, Daniel Island Academy LLC. is not required to agree to my restrictions. If Daniel Island Academy LLC. accepts my restrictions, Daniel Island Academy LLC. is then bound by the restriction in the agreement setting forth the restricted information, until providing me in writing a cessation of such agreement.
- 8) I may revoke this entire consent in writing at any time. If I do not sign this consent, or revoke this consent, Daniel Island Academy LLC. in their sole discretion, may decline further treatment for my child.
- 9) The Federal HIPAA (Privacy Act) of 2001 was created to protect my child's health information. I understand this must be accomplished within the provisions and rules set up by Daniel Island Academy LLC. to fulfill this federal law. I may request to review the manual which spells out these provisions. Daniel Island Academy LLC. will comply with this law to preserve privacy. If compliance with this law impedes the medical care of the patient, Daniel Island Academy LLC. may decline to provide further care. Daniel Island Academy LLC. will strive to provide information so that I may make an informed decision concerning the privacy of my child's medical information.

Signature of Parent or Legal Guardian of minor child

Date of Signature

Printed Name of Parent or Legal Guardian of minor child

Witness (Initials)

Child's Name

Date of Birth





Parental Consent & Acknowledgement Form

The following paragraphs are statements of understanding. Please read and initial each section, and sign at the bottom.

Walking Field Trip Permission

I give permission for my child to go for walks off Daniel Island Academy grounds. I understand that the walks will be under the supervision of adult members of the Daniel Island Academy staff. Walks will occur year-round, weather permitting.

Initial: _____

Voluntary Media Waiver

I hereby grant and give to Daniel Island Academy, its successors and assigns the right to use, and to permit others to use, photographs, voice or image on a video tape or other sound and/ or visual recording device, with or without my child's name, both singly and in conjunction with other persons or objects, for any and all purposes including, but not limited to, private or public presentations on radio, television, or in public places, and advertising, publicly and promotion relating thereto.

I warrant that I have the right to authorize the foregoing uses, and do hereby agree to hold Daniel Island Academy harmless of and from any and all liability of whatever nature which may arise out of or result from such uses. I waive all claims for compensation for such damages.

Initial: _____

Guidance (Discipline) Policy

We believe that discipline is the art of teaching appropriate behavior through problem solving with the child, re-direction, and role modeling by the teacher. We will treat children with dignity and set clear, consistent, and fair limits for behavior. We view mistaken behaviors as learning opportunities. Limits of behavior considered inappropriate are hurting others, hurting themselves, damaging equipment, or disturbing classroom activities.

WE DO NOT PERMIT CORPORAL PUNISHMENT

Significant behavior problems are observed and tracked by the teachers and when we can establish a pattern, we meet with the parents to develop strategies consistent for the child at home and at school. Other professionals may be consulted to develop alternate strategies. As a last resort, the child's admission may be denied.

Daniel Island Academy is mandated by South Carolina Law to report suspected child abuse and neglect to local authorities.

Initial: _____

Parent Handbook Acknowledgement

DIA reserves the right to modify the Parent Handbook. The DIA Parent Handbook is available for download and review at: www.danielislandacademy.com/parents. The DIA Parent Handbook is available at the front desk upon request.

I have read, understand, and agree to fully abide by Daniel Island Academy's policies and procedures contained in the handbook. I further acknowledge that failure to comply with these policies and procedures may result in my child's/children's dismissal from Daniel Island Academy.

Initial: _____

One Call Now – Phone Messaging Service

DIA uses a phone messaging service to notify parents of an emergency or other time sensitive events such as school closings, field trips, tuition reminders, field trips, etc. Please list the telephone number(s) on which you would like the recording to be received.

Telephone #1 _____

Telephone #2 _____

Reference Point Information Manual Acknowledgment

The Reference Point Information Manual is available for download and review at www.danielislandacademy.com/parents. I have read and understand the Reference Point Information Manual.

Initial: _____

Child: _____ Parent or Guardian: _____

Signature: _____ Date: _____

The Parent Association of Daniel Island Academy (PADIA)



The mission of the Parent Association of DIA is to provide a structured organization that will serve as a catalyst to support and improve our children's development while assisting the school with its vision achievement and core responsibilities. The organization focuses all its efforts around 3 centers of involvement: Educational Enhancements for our Children, Teachers and Staff Support, and Parent Support.

The only requirement for membership is to have a child enrolled at DIA or to be a teacher or staff member at DIA. A nominal "annual dues" of \$5 (if paid by July 11, 2011; \$10 thereafter) is requested to help support our committees. The organization is managed by a parent volunteer board of directors. Since the school's opening in August 2004, the group has organized and executed several classroom and school wide events.

The DIA Room Parents Program

At the start of each enrollment period, each classroom's lead teacher will ask for parent volunteers from at least two families to serve as Room Parents. Room Parents should be active members of PADIA, and are asked to establish communication with other parents in the classroom by creating a Class Roster with contact information for families.

The main responsibility of Room Parents is to reinforce communication from PADIA, school administration, and teachers.

Room parents may also assist by coordinating the collection of special art project items from around the house such as pinecones and paper-towel roll cylinders. Room Parents' names and contact information will be posted outside each classrooms door.

If you are interested in volunteering to serve as a room parent in your child's classroom or would be willing to become DIA's Room Parent Coordinator, a PADIA Leadership position, please complete the following information or inquire at the front desk.

___ Yes, our family would like to join PADIA. Enclosed is a check for \$5 (if paid by July 11, 2011), \$10 thereafter, made payable to the Parent's Association of Daniel Island Academy.

___ Yes, please contact me about being a Room Parent. I am also interested in the following committees:
___Sunshine Committee ___Fundraising Social ___Marketing/Communications ___Welcome/Membership

Name(s): _____

Address: _____

Primary Phone: _____ (cell home other) Secondary: _____ (cell home other)

Email Address: _____

Child's Name: 1. _____ 2. _____ 3. _____

Class/Program(s): 1. _____ 2. _____ 3. _____

Special Notes: Please share with us your work background, hobbies, interests!



Daniel Island Academy

2011-2012 Enrollment

3% Savings Payment Option

<p>You can receive a 3% savings by paying a Full Day tuition in two annual installments, or a Half Day tuition in full. A better return than most savings accounts these days!</p>	<p>Full Day 12 Month Enrollment July 25, 2011 – July 27, 2012</p> <p>Two Payments Due: Jul. 1, 2011 & Jan. 1, 2012</p>	<p>Full Day 10 Month Enrollment July 25, 2011 – May 31, 2012</p> <p>Two Payments Due: Jul. 1, 2011 & Jan. 1, 2012</p>	<p>Half Day Enrollment July 25, 2011 - May 31, 2012</p> <p>One Payments Due: July 1, 2011</p>
FULL DAY 1's Pre-Toddler 12-24 months	\$5,930 Jul 1 \$5,695 Jan 1	\$5,388 Jul 1 \$5,135.50 Jan 1	N/A
FULL DAY 2's Toddler 24-36 months	\$5,807 Jul 1 \$5,577 Jan 1	\$5,282 Jul 1 \$5,034.50 Jan 1	Half Day 2's \$2,523 Jul 1
FULL DAY 3's 36-48 months	\$5,681 Jul 1 \$5,456 Jan 1	\$5,125 Jul 1 \$4,885 Jan 1	Half Day 3's \$3,567 Jul 1
FULL DAY 4's 48-60 months	\$5,681 Jul 1 \$5,456 Jan 1	\$5,125 Jul 1 \$4,885 Jan 1	Half Day 4's \$4,350 Jul 1
KINDERGARTEN	\$5,807 Jul 1 \$5,577 Jan 1	\$5,282 Jul 1 \$5,034.50 Jan 1	N/A

Parent / Guardian Name: _____

Class Selection: _____

Enrollment Option (Full Day Only): _____ 10 Month _____ 12 Month

Parent/Guardian Signature: _____ Date: ____/____/____

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



2011-2012 Enrollment Period FULL DAY 12-Month BI-WEEKLY TUITION SCHEDULE

12 Month Enrollment Option: July 25, 2011 – July 27, 2012

Tuition Due Date	Class Dates	Schedule Notes
July 11	July 25 - Aug 5	11-12 School Year Preparation July 25 – July 29 July 28: Parents Only Drop in 5pm – 6:30pm July 29: Students Meet Your Teacher! 9am – 10:30am First Day of School August 1
July 25	Aug 8 - Aug 19	
August 8	Aug 22 - Sept 2	
August 22	Sept 5 – Sept 16	Sept 5: School Closed Labor Day Holiday
September 5	Sept 19 – Sept 30	
September 19	Oct 3 – Oct 14	Oct 10: Teacher Training Day No school for Students
October 3	Oct 17 – Oct 28	
October 17	Oct 30 - Nov 11	
October 31	Nov 14 – Nov 25	Nov 24-25 School Closed Thanksgiving Holiday
November 14	Nov 28 – Dec 9	Dec 9: Students Early Dismissal – 1:00 pm
November 28	Dec 12 – Dec 23	Dec 23 School Closed Winter Break
December 12	Dec 26 – Jan 6	Dec 26 School Closed Winter Break Jan 2 School Closed New Year Holiday
December 26	Jan 9 – Jan 20	Jan 13: 2012 - 2013 Enrollment Guarantees due from current families School Closed Jan 16 – Martin Luther King Day
January 9	Jan 23 – Feb 3	
January 23	Feb 6 – Feb 17	

Tuition Due Date	Class Dates	Schedule Notes
February 6	Feb 20 – Mar 2	Feb 20: Teacher Training Day No school for Students
February 20	Mar 5 – Mar 16	
March 5	Mar 19 – Mar 30	
March 19	Apr 2 – Apr 13	Apr 6: School Closed Good Friday Holiday
April 2	Apr 16 – Apr 27	
April 16	Apr 30 – May 11	
April 30	May 14 – May 25	
May 14	May 28 – June 8	May 28: School Closed – Memorial Day June 1: Teacher Training Day– Students Off June 4: Summer of Discovery Begins
May 28	June 11 – June 22	
June 11	June 25 – July 6	July 4: Independence Day School Closed
June 25	July 9 – July 13	Only 1 Week Tuition
July 9	July 16 – July 27	Last Day of 12 Month Enrollment July 27 Tuition Satisfied by 12 Month Enrollment Guarantee – No Bi-weekly Tuition Payment Required for 12 Month Enrollments

Methods of Payment

Acceptable methods of payment include:
Check, Cash, and ACH / Automatic Bank Draft.

Late Fees are assessed in accordance with the DIA Parent Handbook.



2011-2012 Enrollment Period FULL DAY 10-Month BI-WEEKLY TUITION SCHEDULE

10 Month Enrollment Option: July 25, 2011 – May 31, 2012

Tuition Due Date	Class Dates	Schedule Notes
July 11	July 25 - Aug 5	11-12 School Year Preparation July 25 – July 29 July 28: Parents Only Drop in 5pm – 6:30pm July 29: Students Meet Your Teacher! 9am – 10:30am First Day of School August 1
July 25	Aug 8 - Aug 19	
August 8	Aug 22 - Sept 2	
August 22	Sept 5 – Sept 16	Sept 5: School Closed Labor Day Holiday
September 5	Sept 19 – Sept 30	
September 19	Oct 3 – Oct 14	Oct 10: Teacher Training Day No school for Students
October 3	Oct 17 – Oct 28	
October 17	Oct 30 - Nov 11	
October 31	Nov 14 – Nov 25	Nov 24-25 School Closed Thanksgiving Holiday
November 14	Nov 28 – Dec 9	Dec 9: Students Early Dismissal – 1:00 pm
November 28	Dec 12 – Dec 23	Dec 23 School Closed Winter Break
December 12	Dec 26 – Jan 6	Dec 26 School Closed Winter Break Jan 2 School Closed New Year Holiday
December 26	Jan 9 – Jan 20	Jan 13: 2012 - 2013 Enrollment Guarantees due from current families School Closed Jan 16 – Martin Luther King Day
January 9	Jan 23 – Feb 3	
January 23	Feb 6 – Feb 17	

Tuition Due Date	Class Dates	Schedule Notes
February 6	Feb 20 – Mar 2	Feb 20: Teacher Training Day No school for Students
February 20	Mar 5 – Mar 16	
March 5	Mar 19 – Mar 30	
March 19	Apr 2 – Apr 13	Apr 6: School Closed Good Friday Holiday
April 2	Apr 16 – Apr 27	
April 16	Apr 30 – May 11	
April 30	May 14 – May 18	Only 1 Week Tuition
May 14	May 21– May 31	May 28: School Closed – Memorial Day May 31: Last Day of 10 Month Enrollment June 1: Teacher Training Day– Students Off Tuition Satisfied by 10 Month Enrollment Guarantee – No Bi-weekly Tuition Payment Required for 10 Month Enrollments June 4: Summer of Discovery Begins

Methods of Payment

Acceptable methods of payment include:
Check, Cash, and ACH / Automatic Bank Draft.

Late Fees are assessed in accordance with the DIA Parent Handbook.



2011-2012 Enrollment Period HALF DAY MONTHLY TUITION SCHEDULE

Half Day Enrollment Option: August 1, 2011 – May 31, 2012

Tuition Due Date	Class Dates	Schedule Notes
July 15	August	11-12 School Year Preparation July 25 – July 29 July 28: <i>Parents Only Drop in 5pm – 6:30pm</i> July 29: Students Meet Your Teacher! 9am – 10:30am First Day of School Aug 1
August 15	September	Sept 5: School Closed Labor Day Holiday
September 15	October	Oct 10: Teacher Training Day No school for Students
October 14	November	Nov 24-25 School Closed Thanksgiving Holiday
November 15	December	Dec 9: Students Early Dismissal – 1:00 pm Dec 23 & 26 School Closed Winter Break
December 15	January	School Closed Jan 2 New Year Holiday Jan 13 2012 - 2013 Enrollment Guarantee due from current families School Closed Jan 16 – Martin Luther King Day
January 13	February	Feb 20: Teacher Training Day No school for Students
February 15	March	
March 15	April	School Closed Apr 6th Good Friday Holiday
April 13 Tuition Satisfied by 10-11 Enrollment Guarantee	May	May 28: School Closed – Memorial Day May 31: Last Day of ½ Day Enrollment
May 15	June	June 1: Teacher Training Day– Students Off June 2 nd Summer of Discovery Camp at DIA
June 15	July	Summer of Discovery Camp at DIA

Methods of Payment

Acceptable methods of payment include: Check, Cash, and ACH / Automatic Bank Draft
Late Fees are assessed in accordance with the DIA Parent Handbook.

Daniel Island Academy - School Year Calendar

2011-2012

July 2011						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

August 2011						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

September 2011						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

October 2011						
Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

November 2011						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

December 2011						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

January 2012						
Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February 2012						
Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29			

March 2012						
Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

April 2012						
Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

May 2012						
Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

June 2012						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

Date	Event or Holiday
4-Jul	School Closed - Independence Day
22-Jul	Last Day of 12-Month Enrollment Summer of Discovery Ends
25-Jul	School Closed - School Year Prep
26-Jul	School Closed - School Year Prep
27-Jul	School Closed - School Year Prep
28-Jul	School Closed - School Year Prep Parents Only Drop in 5-6:30pm
29-Jul	School Closed - School Year Prep Students Meet Your Teacher! 9-10:30am
1-Aug	First Day of School
5-Sep	School Closed - Labor Day Holiday
10-Oct	School Closed - Teacher Training
24-Nov	School Closed - Thanksgiving Holiday
25-Nov	School Closed - Thanksgiving Holiday
9-Dec	1 PM Early Dismissal - Teacher Training
23-Dec	School Closed - Winter Break
26-Dec	School Closed - Winter Break
2-Jan	School Closed - Winter Break
13-Jan	2012-13 School Year Enrollement Due Current Students and Siblings
16-Jan	School Closed - Martin Luther King Day
17-Jan	Open Enrollment Begins
20-Feb	School Closed - Teacher Training
6-Apr	School Closed - Good Friday
28-May	School Closed - Memorial Day Holiday
31-May	Last Day for 10-Month and Half Day Enrollments
1-Jun	School Closed - Teacher Training
4-Jun	First Day - Summer of Discovery