

OPEN ENROLLMENT BEGINS APRIL 3rd!

Daniel Island Academy is excited to offer Summer of Discovery during June and July! We hope your child will join us.

Your little rays of sunshine will be splashing their way into lots of fun!

WATER DAYS TIE DYE SHIRTS FRIDAY GAMES DRESS UP THEME DAYS

Registration will be accepted on a first come, first served basis.

Spots are limited, so act fast! Some weeks may not be immediately available; however, you will be placed on a waitlist accordingly. There's always a Chance that a spot will open closer to the requested date.

Summer of Discovery enrollment will not affect or guarantee 2023-2024 fall enrollment.







DIA FAMILY APPLICATION

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

| ALUMNI (has anyone in your immediate family grad | uated from DIA? YES | NO | | |
|--|----------------------------------|---|-------|--|
| NAME OF GRADUATE: | SCHOOL Y | SCHOOL YEAR: | | |
| parent/guardian <mark>1</mark> | | | | |
| NAME: | | | | |
| CELL: | WORK: | | | |
| EMAIL: | | | | |
| RESIDENCE: | | STATE | | |
| parent/guardian <mark>2</mark> | | | | |
| NAME: | | | | |
| CELL: | WORK: | | | |
| EMAIL: | | | | |
| RESIDENCE: | | | | |
| STREET | CITY | STATE | ZIP | |
| CHILD(REN) NAME(S): Please list all that apply (ages | s 1-5 are eligible to attend DIA | l) | | |
| 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: | _ | BOUT US? (please Internet Social Media Drove By Referred By | | |

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



DIA's Full Day program offers weekly enrollment options during June and July. The first week's payment is required at initial registration (non-refundable). All other weeks reserved require a 3-week cancellation notice to be eligible for a refund. They are transferable and may be applied to alternate weeks within the Summer of Discovery dates.

| Student's Full Name: | | | | (for office use only |) |
|--|--------|------------------------|---|----------------------|--------|
| Nickname: | | | | Program: | |
| Date of Birth: | | | Female Male | 3's Status: | 4's |
| Currently attending DIA? Y | Ν | Class Nam | e (if yes): | New | Return |
| (Must be of age | (up | MUST B to 10 hours | 2022, to be eligible for a 3's or 4's E POTTY TRAINED daily attendance allowed) day: 7:00am – 5:30pm** | program) | |
| WEEKS | | FEE | SELECT ALL THAT APPLY | | |
| #1: MAY 30 – JUNE 2 (4-day, Schoo | l Clos | ed – Memoria | al Day, 5/29) | \$230* | |
| #2: JUNE 5 – 9 | | | | \$285 | |
| #3: JUNE 12 – 16 | | | | \$285 | |
| #4: JUNE 19 – 23 | | | | \$285 | |
| #5: JUNE 26 – 30 | | \$285 | | | |
| #6: JULY 3, 5 – 7 (4-day, School Close | ed – F | ourth of July) | | \$230* | |
| #7: JULY 10 – 14 | | | | \$285 | |
| #8: JULY 17 – 21 | | | | \$285 | |
| #9: JULY 24 - 28 | | \$285 | | | |
| How would you like to be charged | d too | lay? | | | |
| PAY IN FULL | PAY | 1 ST WEEK O | NLY (must follow tuition schedule) | | |
| *4-DAY Week (discount applied) **1.00 per minute late pick-up fee | | | PAYMENT METHOD (please select on ACH/Credit Card authorization form req | | unts |
| Parent Signature | | | CASH CHECK: # | | |
| | | | BANK DRAFT: (use same on file) | (new acc | ount) |
| Date | | | CREDIT CARD: (use same on file) (additional 3% fee applies) | (new acc | ount) |

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

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

Applications for enrollment are recorded on a first come, first serve basis.

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

Daniel Island Academy

I (we) hereby authorize (business name) 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)

| ardholder Name | | | Phone # | | | |
|--|----------------------|----------------------------|----------------|------|----------------|----------|
| ardholder Address | 5 | | City | | State | Zip |
| ccount Number | | | Expiration Dat | e | CVV | |
| ardholder Signatu | re | | Date | | | |
| ECTION B (Bank A | Account) | | | | | |
| our Name | | | Phone # | | | |
| ddress | | | City | | State | Zip |
| ank or Credit Unio | n Name Ba | nk or Credit Union Address | City | | State | Zip |
| outing Transit Nur | nber (see sample bel | ow) Account Number (see sa | ample below) | | Checking | Savings |
| uthorized Signatu | re | | Date | | | |
| Your Name Any Street, Anytown Tel: (001) 555-0000 | | 0001 | | | FOR OFFICIAL | USE ONLY |
| PAY TO THE ATTAC | nytown | | | Date | Received | |
| RE | 000123456789 | | | Empl | oyee Signature | |
| ROUTING | ACCOUNT | CHECK | 80 | | 84 • procar | |

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