



COUNTRY DAY SCHOOL
OF ARLINGTON
MONTESSORI PROGRAM
established 1959

Application for Admission
Re-Enrollment
2019 -2020

Please print

Student Information

Full Name: _____ Male Female

Preferred Name: _____ Age: _____ Birth Date: ____ / ____ / ____

Racial/Ethnic Group (Optional): African American Asian Caucasian Multi Racial
 Hispanic Middle-Eastern Native American Other

Applying for: Academic School Year (Aug. 12, 2019— May 22, 2020)
 My child will attend Summer Program 2019

Academic School Year Class Schedule M T W TH F 8:15AM-3:30PM OR Half Day

Email addresses to be used for all school communication and billing purposes:

- Primary Email address: _____ Father Mother Other
- Secondary Email address: _____ Father Mother Other

Mother / Guardian Information Previous info remains current: ____ initial

Update info to below

Dr. / Mr. / Mrs. / Ms. _____

Home Address _____

Phone: Cell _____ Home _____ Work _____

If you wish to receive text communication, provide your mobile service carrier: _____

Employer: _____ Occupation _____

Work Address _____

Father / Guardian Information Previous info remains current: ____ initial

Update info to below

Dr. / Mr. / Mrs. / Ms. _____

Home Address _____

Phone: Cell _____ Home _____ Work _____

If you wish to receive text communication, provide your mobile service carrier: _____

Employer: _____ Occupation: _____

Work Address _____

Parents / Guardians: Married Separated Divorced Widowed Unmarried

Who has legal custody of the applicant? _____

If parents/guardians do not live together:

Please indicate with whom the applicant lives: _____

Are both biological parents to receive evaluations, report card, or academic information via
Montessori Compass and/or email? Yes No

Comments: _____

Sibling Information

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Health Information

ALLERGIES: No Yes — EPI Pen provided: Yes No

Describe the student's health (including allergies, physical and/or medical considerations, recent illnesses) that may have affected, or may affect, their performance in school: _____

Foods that my child should NOT eat: _____

Other Limitations: _____ No Limitations

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached during a medical emergency, I hereby give the staff at **Country Day School of Arlington** authorization to make arrangements for emergency medical care. I authorize emergency medical personnel or the person in charge to take my child to:

Physician: _____ Phone #: _____

Address: _____

Emergency/Medical Care **Facility:** _____ Phone #: _____

Address: _____

I give consent for the facility to secure any and all necessary medical care for my child.

Signature of Parent/Guardian

Dismissal Authorization

The following parents/guardians are authorized to pick-up my child (driver's license number/state must be listed for all individuals- no exceptions)

 Parent/Guardian Signature State & DL#:

 Parent/Guardian Signature State & DL#:

DISMISSAL AND EMERGENCY CONTACT AUTHORIZATION: The following additional persons (2 minimum) are authorized to pick-up my child. These individuals may be also be contacted by the school in the event that a parent/guardian cannot be reached during an emergency (driver's license number/state must be listed for all individuals- no exceptions). Previous info remains current: ____ initial Update info to below

* -add -remove Name: _____ Relation: _____
 DL#: _____ DL State _____ Cell # (_____)
 Home#(_____) Work # (_____)

* -add -remove Name: _____ Relation: _____
 DL#: _____ DL State _____ Cell # (_____)
 Home#(_____) Work # (_____)

* -add -remove Name: _____ Relation: _____
 DL#: _____ DL State _____ Cell # (_____)
 Home#(_____) Work # (_____)

* -add -remove Name: _____ Relation: _____
 DL#: _____ DL State _____ Cell # (_____)
 Home#(_____) Work # (_____)

ADDITIONAL DISMISSAL AUTHORIZATION: The following additional persons are authorized to pick-up my child (driver's license number/state must be listed for all individuals- no exceptions).

Previous info remains current: _____ initial

Update info to below

* -add -remove Name: _____ Relation: _____

DL#: _____ DL State _____ Cell # (_____)

Home#(_____) Work # (_____)

* -add -remove Name: _____ Relation: _____

DL#: _____ DL State _____ Cell # (_____)

Home#(_____) Work # (_____)

* -add -remove Name: _____ Relation: _____

DL#: _____ DL State _____ Cell # (_____)

Home#(_____) Work # (_____)

* -add -remove Name: _____ Relation: _____

DL#: _____ DL State _____ Cell # (_____)

Home#(_____) Work # (_____)

* -add -remove Name: _____ Relation: _____

DL#: _____ DL State _____ Cell # (_____)

Home#(_____) Work # (_____)

* -add -remove Name: _____ Relation: _____

DL#: _____ DL State _____ Cell # (_____)

Home#(_____) Work # (_____)

Authorization

I hereby give the staff at Country Day School of Arlington authorization: *(check all that apply and initial as requested)*

- * **PHOTOGRAPHY AND/OR QUOTE:** all students' photographs will be included in the internal school parent communication portal, Montessori Compass.
- * I hereby -give -do not give my consent for my child's photograph or quote to be used in advertisements and/or external marketing.
- * **WATER ACTIVITIES:** I hereby -give -do not give my consent for my child to participate in water activities. (These activities typically include sprinklers, slip-n-slide, water games and small kiddie pools.) All activities are with adult supervision.
- * **INSECT REPELLANT:** I hereby -give -do not give my consent for my child to receive insect repellent provided by either the parent or CDSA.
- * **SUNSCREEN:** I hereby -give -do not give my consent for my child to receive sunscreen provided by either the parent or CDSA.
- * **SNACK** I acknowledge that I will provide a DAILY snack and lunch or choose a lunch selection from the vendor chosen by the school. _____initials

Grandparent Information

Previous info remains current: _____ initial

Update info to below

MAIL SCHOOL MATERIAL May CDSA mail school material to the grandparents? Yes -No

For example: Invitations to Grandparents/Special Friends Day

-add -remove **Maternal** Grandparents _____

Address _____

-add -remove **Paternal** Grandparents _____

Address _____

Extended Day Program Agreement

2019 - 2020 Academic School Year

- Extended Day is available on a drop in or discounted monthly agreement basis for before-school, after-school, and/or holiday care. I understand that I have accepted financial responsibility to pay the following:
 - * **Drop-in** care is available at a rate of 10¢ a minute between 7-8AM and/or 3:30-6PM.
 - * **Monthly Plans** are available for full-time and part-time schedules and are detailed in the chart titled *2019 -20 Extended Day Rates*. Rates may also be viewed at www.cdsa.org.
 - * A **Full Extended Day Plan** option is available as a 10-month agreement for the Academic School Year (August 12, 2019 - May 22, 2020) which includes all available Extended Day (7-8AM, 3:30-6PM, and all Holiday Care) at a rate of \$250/month.
 - * **Holiday Care** is available by registration for select school holidays as indicated on the 2019-2020 Academic School Year Calendar. Holiday care is billed in addition to monthly fees unless enrolled in the Full Extended Day Plan. Holiday Care from 8:15AM-3:30PM is \$30. Extended hours are available on Holiday Care days from 7-8AM and 3:30-6PM at a rate of 10¢ a minute.
 - * With the exception of August, which will be prorated, I understand that monthly rates have been set according to the total number of days offered. In cases of abbreviated days of attendance, such as Winter Break, I understand that my fee will remain the same.
 - * Changes made to a monthly agreement after the 1st of any given month will not go into effect until the following month. Any changes to a plan must be submitted in writing on the *Extended Day - Change of Schedule* form obtained by request from Administration.
- I understand that it is my responsibility to review my plan choice if I choose to enroll my child in an afterschool class. Please note: CDSA does not charge for Extended Day during the time of an afterschool class. An *Extended Day- Change of Schedule* form can be obtained from Administration- if an plan change is desired.
- I understand that I, or any agent of mine, will need to sign my child out on the Procure touchscreen located in the school foyer and follow the prompts. If I fail to sign my child out I will be charged for care until 6PM.
- I have been provided a copy of the CDSA 2019-20 school year calendar. **Please note:** CDSA will not offer Extended Day on August 5, September 2, November 27, 28, 29, December 24, 25, 26, 31, January 1, March 13, and May 25.

IMPORTANT INFORMATION: Extended Day cell phone: 817-253-9994
 Emergency: Joyce Hunt: 817-723-1860

BAD WEATHER: please tune to NBC5 or WFAA 8 and check www.cdsa.org for school closing instructions.

Extended Day Agreement Options

Please refer to *EXTENDED DAY— INFORMATION & RATES* and select one of the three options below:

- Drop-In:** care as needed
- Monthly Plan:** the days / timings desired

MORNING 7-8AM	M	___	T	___	W	___	TH	___	F	___
AFTERNOON until 4:30PM	M	___	T	___	W	___	TH	___	F	___
AFTERNOON until 6:00PM	M	___	T	___	W	___	TH	___	F	___
- Full Extended Day Plan**

I confirm that I have read and agree to the CDSA Extended Day Program Agreement.

Child's name: _____
 Signature of Parent/Guardian _____ Date _____



- * To be in **compliance with the State of Texas**, all required CDSA Admission Documents must be on file in the CDSA office.
- * Please update your child's health information, dismissal instructions, and contact information as needed. Immunization records must be updated and submitted regularly throughout the school year.
- * A non-refundable \$100.00 enrollment fee and a non-refundable \$500 tuition deposit must accompany all applications. Please charge to Tuition Express: _____ initial

I have carefully reviewed the questions on the
RE-ENROLLMENT APPLICATION FOR ADMISSION to Country Day School of Arlington
 and have answered them fully and to the best of my knowledge.

Signature of Mother/Guardian	Printed Name	Date
Signature of Father/Guardian	Printed Name	Date

END OF APPLICATION

Please submit to :
 Country Day School of Arlington
 1105 W. Randol Mill Road
 Arlington, TX 76012
 Fax: 817-275-0263
 Email: admin@cdsa.org

Previous info remains current: ____ initial

Update info to below



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) _____ 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. ____ (initial) 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)

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

For Official Use Only

Date Received
Employee Signature



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