



COUNTRY DAY SCHOOL
OF ARLINGTON

MONTESSORI PROGRAM

established 1959

Student Name

Application for Admission
2021—2022

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. 16, 2021— May 26, 2022)
 My child will attend Summer Program 2020

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

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

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 child? _____

If parents/guardians do not live together:

Please indicate with whom the child lives: _____

Are both biological parents to receive evaluations, report card, or academic information via

Montessori Compass and/or email? Yes No

Additional Comments: _____

Sibling Information

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Previous School Information

Last School Attended: _____ Principal/Teacher: _____

School Address: _____ Dates Attended: _____

Health Information

ALLERGIES: No Yes

EPI Pen provided: Yes No

Describe the child'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 **Hospital:** _____ Phone #: _____

Address: _____

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

Parent/Guardian

Signature

Dismissal Authorization

The following parents / guardians are authorized to pick-up my child

Driver's license number and the state issued must be listed for all individuals - no exceptions

Mother / Guardian State & DL #:

Father / Guardian State & DL #:

EMERGENCY DISMISSAL CONTACT AUTHORIZATION:

The following persons (2 minimum) are authorized to pick-up my child. **These individuals may be contacted by the school in the event that a parent / guardian cannot be reached during an emergency.**

Driver's license number and the state issued must be listed for all individuals - no exceptions

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

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

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

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

Dismissal Authorization

The following **additional** persons are authorized to pick-up my child

Driver's license number and the state issued **must** be listed for all individuals - no exceptions

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

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

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

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

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

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

* 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 repellant 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. _____initial

Grandparent Information

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

For example: Invitations to Grandparents/Special Friends Day

* **Maternal** Grandparents _____

Address _____

* **Paternal** Grandparents _____

Address _____

Extended Day Program Agreement

2021 - 2022 Academic School Year

1. 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 *2021 -2022 Extended Day Rates*. Rates may also be viewed at www.cdsa.org.
 - * A **Full Extended Day Plan** option is available as a 9-month agreement for the Academic School Year (September 1, 2021 - May 26, 2022) which includes all available Extended Day (7-8AM, 3:30-6PM, and all Holiday Care) at a rate of \$270/month.
 - * **Holiday Care** is available by registration for select school holidays as indicated on the 2021-2022 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 \$45. 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.
2. I understand that it is my responsibility to review my plan choice if I choose to enroll my child in an afterschool class. 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.
3. 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.
4. I have been provided a copy of the CDSA 2021-22 school year calendar. **Please note: CDSA will not offer Extended Day on August 9, September 6, November 24, 25, 26, December 22, 23, 24, 29, 30, 31, January 3, March 18, and May 27, 30.**

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

INCLEMENT WEATHER: school closings broadcasted on NBC5, WFAA 8, and posted www.cdsa.org

Extended Day Agreement

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 from 7 to 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 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
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Signature of Father / Guardian	Printed Name	Date
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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

Revised 08/12/2021





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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