

Director's Name _

Admission Agreement

Child's Name: Mother's Name: Father's Name:			Phone:		_ Age:		
					Email:		
					Email:		
Home A	Address:						
Please check	Program (3.5~6 yrs)	Tuition	Please check	Program (2~3.5 yrs)	Tuition	Office Use - Please √ Admission Agreement	
	8AM - 6PM	\$1420/month		8AM - 6PM	\$1540/month	☐ Identification and	
	9AM - 6PM	\$1400/month		9AM - 6PM	\$1490/month	Emergency Information	
	9AM - 4PM	\$1320/month		9AM - 4PM	\$1400/month	Child's Preadmission Health History-Parent's	
-Each student is allowed to take a vacation (up to 1 month) during the Summer (Jul-Aug) ONLY. Tuition can be prorated and spot is reserved. -Potty Training Fee is additional and required for non-potty-trained students: \$125 (8/9am~6pm), \$100 (9am~4pm). We agree to pay the monthly payment of \$						Child Care Centers CA Immunization Records CCC Notification of Parents Rights Personal Rights Consent for Emergenc Medical Treatment School Medical Waive Covid-19 Memo	
	make all payments v					-	
I have r	received, read, and un	derstood DCA's	policies in	the Parent Handboo	ok. By signing be	elow, I have agreed to	
comply	with ALL of them.						
Parent 1	Legal Full Name		Signa	ature		Date	
Parent 1	Legal Full Name		Signa	ature		Date	

Daniel Christian Academy is committed to equal opportunity for all individuals in education. DCA admits students of all races, color, national and ethnic origin. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship programs, financial assistance, athletic and other school-administered programs and activities.

Date_

_____ Signature_