

Denbigh Christian Academy

1233 Shields Road

Newport News, Va 23608

Office (757) 874-8661 FAX (757) 234-4377

This school is an equal opportunity provider and employer.

ADMISSION AGREEMENT

I hereby agree to the terms of this Admission Agreement as a condition
Of my Child's acceptance in Denbigh Christian Academy.

Child's Name

Date of Birth

Age

- I. There is a "New Student Registration Fee" of \$125.00 and each subsequent year an "Annual Student Renewal Fee" of \$60.00 and "Summer Only Students Renewal Fee" of \$40.00, is due. I also understand that I must pay the **Book Fee** on or **before September 1st**. The Registration, Renewal and Book fees are **non-refundable** and must be paid in order to reserve my child's slot with D.C.A. for the next School Year. I hereby agree to pay all fees that affect my child/children as per the current D.C.A. rate sheet.

II.

4-5 YEAR KINDERGARTEN is an annual fee /

ONLY BEFORE and AFTERCARE are charged as needed

- ***It is my understanding Tuition is an annual obligation and must be paid regardless of attendance for any reason.***

Weekly Tuition payments are due Weekly. **Monthly Tuition** Payments for 4k-5K **are due by the 15th of each month. Before and Aftercare** for (4K-5K and Public School) **are due by the 15th of each month** or a **\$25.00 LATE FEE** will apply. I also understand that if my **account becomes delinquent** that my child may be removed from D.C.A. and my **account will be turned over to an attorney**. In the event my delinquent account is sent to a lawyer for collection, then I understand and agree to pay all costs, late fees, and interest of 1 ½ % per month (i.e. 18% per annum) associated in collection of the past due balance(s), including 33 1/3% attorney fees. I further waive all homestead deed exemption rights. I also understand my child's records will not be released if my child's account is not paid in full upon leaving.

III.

PRESCHOOL – (2 – 3 Year Olds) and SUMMER PROGRAM (Ages 2-12)

- It is my understanding that, I am **responsible for paying the weekly fee whether or not my child is present**. There will be **no discount** for **inclement weather** and **holiday closings (exception is Christmas Break)**.
- In addition, **PAYMENTS ARE DUE EACH WEEK. IF CHARGES ARE NOT PAID BY 5PM ON TUESDAY, I UNDERSTAND THAT MY ACCOUNT WILL BE CHARGED A \$10 LATE FEE.**

Any questions to this policy will be reviewed on a case by case basis.

If your child turns 4 Years old and is not POTTY TRAINED he/she will no longer be able to attend DCA.

IV.

- I understand that the Academy operates from **6:00AM – 6:00PM, Mon-Fri**. I further understand that my child is to be **picked up no later than 6:00PM**. Otherwise a late fee of **\$25.00 per child (and per occurrence) will be charged to their account**. **Denbigh Christian Academy is not responsible for any child who does not report to their teacher immediately upon arrival**. Therefore, I will see that my child reports to the teacher on duty as soon as he/she arrives.
- My child is not to be released to anyone, except the parent/guardian or authorized persons on child's registration form unless written permission has been given by said parent/guardian. The center may find it necessary to make arrangements for my child to be picked up, in case of bad weather or emergencies.
- D.C.A is closed the last 2 weeks in December each year for Christmas Break. I **understand** these **2 weeks ONLY** my account **will not be charged**. I understand ALL weeks prior to and after Christmas Break my **account will be charged, whether or not my child attends**. **This applies to ALL D.C.A. students.**

V.

I understand that I am **not to bring my child** if he/she has a **fever or 100** or above. If my child has been **exposed to any contagious disease** or has any slight illness, I will report this to the Director. If the Director feels that the child in attendance is too sick to remain at the center, the parent/guardian will be notified to pick

up the child. **No medicine** will be **dispensed** at the center **without a Medication Consent Form** completed and **signed by the parent/guardian and approved by the Director or Supervisor.**

- If my child should meet with an accident or illness while in the center, and I cannot be reached immediately, I authorize the Director to secure medical aid.
- I agree to have a physician complete the required physical form and required immunizations. I understand that an up to date **physical form** is required **within 30 days** of my child's first day at the center. **I understand that an up to date immunization record is due by the first day he/she enters D.C.A.**
- If I move, I will give the Director my change of address and phone number immediately in writing. In the event my employment changes, I will give the name of my new employer and the phone number, along with my specific information on how to contact me, in writing to the Director. **I further understand I am required to give a two week written withdrawal notice.**

VI.

- The method of discipline used throughout the center will be to have the child placed in a time-out situation. This could include the child being excluded from playing and/or sitting in a chair in the hallway with the door left open. If behavior problems persist, the parents will be notified. If the child continues to be disruptive, we will call for the removal of that child from Denbigh Christian Academy.

VII

- I understand that my child is not to bring toys, gum, candy, money, or other similar personal possessions to school. I also will provide a change of clothes (*labeled with child's name*), a sheet and blanket (*also labeled and left at center M-F*)
- This institution participates in the Child and Adult Care Food Program (CACFP: 58357) and receives reimbursement to provide more nutritious meals for your child. Federal CACFP requires all parents or guardians to complete the following attendance information annually.

Days of week in <u>Attendance</u>	Time IN			Time OUT			TIME CHILD <u>Attends Center</u>		MEALS <u>RECEIVED</u>
	<u>check AM/PM</u>			<u>check AM/PM</u>			Time leaves	Time returns	
	AM	PM	TIME	AM	PM	TIME	Center	to Center	
<input type="checkbox"/> Monday									<input type="checkbox"/> Breakfast
<input type="checkbox"/> Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	<input type="checkbox"/> AM Snack
<input type="checkbox"/> Wednesday									<input type="checkbox"/> Lunch
<input type="checkbox"/> Thursday									<input type="checkbox"/> PM Snack
<input type="checkbox"/> Friday									

☐ Yes ☐ No **I work multiple shifts and my child(ren) may be in care different days/hours**

ETHNICITY Please check the boxes that best describes your child's ethnic group (OPTIONAL)

- ☐ **Hispanic** – includes Latino, Cuban, Mexican, Puerto Rican, South or Central American or other Spanish origins
- ☐ **Non Hispanic** – not of Hispanic origin
-
- ☐ **American Indian** – includes Alaskan Native
- ☐ **Asian** – Includes Far East, Southeast Asia, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand, and Vietnam
- ☐ **Black** – includes African American
- ☐ **Native Hawaiian** – Includes all Pacific Islands
- ☐ **White** – includes Europeans

SIGNATURE of Parent or Guardian

Father/Guardian **signature** _____ Date _____

Father /Guardian **print name** _____ S S # _____

Mother/Guardian **signature** _____ Date _____

Mother /Guardian **print name** _____ S S # _____

DIRECTOR SIGNATURE

DATE

10/01/2025