
Dynamic Works Christian Academy Enrollment Application

Please select enrollment

- Preschool Academy (ages 3-5 years)
- Before & After School Care (School age-12 years)
- Before Care (School age -12 years)
- After Care (School age -12 years)
- Summer Camp (Preschool)
- Summer Camp (School age -12 years)

Applicant Information:

Name: First _____ Middle _____ Last _____
Nick Name _____ Sex: Male/ Female Date of Birth: _____
Child Age _____
Home Address: _____ Zip Code: _____
State: _____ Home Phone Number: _____ Cell Number: _____

Parents/Guardians

Mother/Guardian Full Name _____ Phone _____
Home Address _____ City _____ Zip Code _____

Father/Guardian Full Name _____ Phone _____
Home Address: _____ City _____ Zip Code _____

Mother/Guardian Place of Employment: _____ Work Phone: _____
Work Address: _____ Work Email _____ Work Dept _____

Father/Guardian Place of Employment _____ Work Phone: _____
Work Address: _____ Work Email _____ Work Dept _____

- Child lives with:** Both Parents Mother Father Guardian
- Person(s) or Agency Having Legal Custody of Child _____
Home Address _____ Home Phone _____
Business Address _____ Business Phone _____

Contact Information in an emergency if a parent or guardian can not be reached must list two designated emergency contacts.

Emergency Contacts: List Two people if parents cannot be reached.

1. First, Last Name: _____ Phone: _____
Home Address: _____
Place of Employment: _____ Work Phone: _____
Relationship: _____ Email Address: _____

2. First, Last Name _____ Phone: _____
Home Address: _____
Place of Employment: _____ Work Phone: _____
Relationship: _____ Email Address: _____

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Allergy Information

List all known Allergies or Intolerance to Food, Medication Taken, etc. and Action to Take in an Emergency

Action to Take in an Emergency:

Child's Physician: _____ Phone: _____

Names of persons authorized to pick up the child.

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Note: We will NOT release your child to anyone other than the parent/guardian with whom the child lives with listed on this form and or the authorized person listed on this form. Individuals must show proper identification. Only the signer of the enrollment agreement can make changes to this form.

Appropriate Legal paperwork such as custody papers must be on file with Dynamic Works if the parent is not allowed to pick up the child.

Current/ Previous Daycare or School Information

Previous Child Day Care Programs /Schools

- Yes (If yes please provide additional Daycare/School Information)
- No

Current School Name _____ Grade _____

Previous School Name _____ Grade _____ Enrolled Dates _____

List any additional DayCare, Educational/ Recreational Programs your child is currently or Previously enrolled:

Name _____ Enrollment Dates _____ Phone _____

Name _____ Enrollment Dates _____ Phone _____

Proof of Identity & Age

Parents/Guardian must agree to provide documentation of viewing proof of the child's identity and age prior to enrollment. Children may not enroll without proof of identity and age. (Birth Certificate)

Please select yes if you agree to provide documentation of viewing proof of the child's identity and age

- Yes

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Health Information/ Health insurance

Does your child have any chronic physical problems, limitations, disabilities, pertinent developmental information or need special accommodation to participate in this program?

- Yes (If yes please provide details below and include all documentation, documents may be attached to this form.
- No (I certify that my child Healthy and has NO known chronic physical problems, physical limitations, disabilities, pertinent developmental information or needs special accommodation that prevents the child from participating in this program.

If Yes Please Describe:

All enrolled children must provide documentation of Medical Health Insurance prior to first day of attendance

Does your child have Medical Health/Dental Coverage?

- Yes
- No

Health Insurance Carrier Name _____

Health Insurance Carrier Phone Number: _____

Plan ID Number: _____ Group Number _____

Subscriber Name: _____ Effective Date: _____

Dental Coverage: Carrier Name : _____

Dental Carrier: Phone: _____

Plan ID Number: _____ Group Number _____

Subscriber Name _____ Effective Date: _____

Health School Entrance Examination & Certification of Immunization

All children prior to enrollment must complete a Health Physical School Entrance Exam and Provide Proof of Certification of Immunization to DWPS. Forms are available upon request. If your child does not have Health Physical School Entrance Exam and Certification of Immunization completed your child will not be eligible to enroll.

Please check yes that you understand and agree to obtain Health Physical School entrance Exam and Provide Certification of Immunization for your child as outlined in the terms above

- Yes I understand and agree to terms.

Medication Administration

Dynamic Works will NOT administer over the counter and or prescription medications. Whenever possible it is best that medication be given at home. Dosing of medication can be done so that the child receives medication prior to attending child care and again when returning home and or at bedtime. The parent/guardian is encouraged to discuss this with the child's health care provider. Emergency Medications and medications that are required by law are the only medicines that will be stored.

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If your child requires medication to be stored for emergency and or required by law purposes the Medication Administration in Child Care Form must be completed.

Please select

- My child requires an emergency medication and or medication by law to be administered.
- My child does NOT require any medication to be administered

Parental Agreements:

Medical Consent Agreement And Release:

1. SHOULD A MEDICAL EMERGENCY OCCUR WHEN YOU THE PARENT/GUARDIAN CANNOT BE LOCATED IMMEDIATELY, UNLESS SPECIFIED IN WRITING AN OBJECTION TO THE PROVISION OF SUCH CARE ON RELIGIOUS OR OTHER GROUNDS. I hereby authorize the child day center (its agents, employees, representatives, elected or appointed officials or designee(s) and the agents or employees of all its programs (collectively referred to as "DWPS"), to act for me according to their best judgement in any emergency requiring medical attention for my child or ward and/or to treat my child for any injury/illness that he/she sustains during participation in any designated program activity. Also I waive and release DWPS from any and all liability for any injury or illnesses incurred while participating in any activities.
2. I understand that I am responsible for any cost incurred due to injuries received in participating in DWPS program activities covering medical and dental expenses. I further accept the responsibility that my child is physically able to participate in DWPS programs activities.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE:** _____
PARENT/GUARDIAN NAME _____

3. Should your child become ill/injured the child day center will notify Parent/Guardian. Parent/Guardian must arrange for the child to be picked up as soon as possible as requested by DWCA.
4. Parents will inform the center within 24 hours or the next business day after his child or any member of the immediate family/household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE:** _____
PARENT/GUARDIAN NAME: _____

FIELD TRIP RELEASE:

As part of our programs, field trips may be taken. DWPS will give advance notice concerning the location and the type of each individual field trip and any special items that may be needed. If we schedule a trip where the entire

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program goes, ALL children present that day are required to attend. Please sign below to give your child permission to attend field trips and off-site activities.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____
PARENT/GUARDIAN NAME: _____

Photo Release:

I hereby give my consent to DWPS and its programs to photograph, film, videotape and then use, reproduce, and publish on DWPS websites and all social media sites these images of me and or my child.

I agree that photographs/negatives, film, or videotapes thereof shall constitute the sole property of Dynamic Works Program Support, with full right of disposition in any manner whatsoever.

Print Child's Name: _____

Print Parent/Guardian Name: _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

- I do NOT give permission for my child to be photographed/film, video tape for promotional purposes.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

WAIVER / RELEASE AND PARTICIPATION AGREEMENT

- The undersigned (being of lawful age and the parent/guardian of the undersigned child) having requested that their minor child participate in the Dynamic Works Christian Academy Programs and related events and activities. The undersigned hereby waives, releases, and discharges Dynamic Works Program Support from any and all claims, actions, demands, and unknown foreseen and unforeseen bodily/personal injuries and property damages, and consequences thereof resulting from the activities of the Programs.
- The undersigned acknowledges and understands that Dynamic Works provides only minimal medical expense benefits through an Accidental Death and Dismemberment insurance policy for Dynamic Works. Benefits provided under this policy are supplemental only to the extent of the policy limits and come into effect only after all primary funding sources available have been exhausted. Any deductible amounts will be the sole supervisors and employees will not be responsible for any expense incurred due to injury to my child during participation in the programs. Should I hereby assert that I fully understand and agree to these waivers and agreements.
- It is understood that for and in consideration of granting permission for their minor child to participate in Dynamic Works Christian Academy Child Care Programs that the undersigned hereby acknowledges that they have received a copy of the Dynamic Works Christian Academy Parent Handbook and have thoroughly familiarize themselves with its contents and agree to obey and abide by all the rules and regulations contained herein. The undersigned fully declares that they have admonished their minor child to conduct themselves properly at all time and have advised their child that if he/she should believe any of the facilities or equipment to be unsafe to

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immediately advise his/her director, teacher, leaders, instructor and or administration office of such conditions.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____
PARENT/GUARDIAN NAME: _____

FOR ADMINISTRATIVE USE ONLY:

CHILD ENROLLMENT APPROVAL DATE: _____
DIRECTOR/ADMIN _____ (PRINT NAME)
DIRECTOR/ADMIN OF CENTER _____ DATE: _____

DATE CHILD ENTERED CENTER _____ DATE CHILD LEFT CARE _____

**OFFICE USE ONLY
IDENTITY VERIFICATION**

PLACE OF BIRTH:
BIRTH DATE:
BIRTH CERTIFICATE NUMBER:
DATE ISSUED:

OTHER FORM PROOF:
DATE DOCUMENT VIEWED:
PERSON VIEWING DOCUMENTATION:

Date of Notification of Local Law Enforcement Agency (when required proof of identity is not provided): _____ Date _____

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Child Care Financial Agreement

I, _____ wish to enroll my child _____ in Dynamic Works Christian Academy, I have received and read a copy of the Fee payment and policies. I understand and agree to comply with the following policies:

I will pay a weekly fee of _____ for my child _____. Between the hours of 6:30 am and 6:00 pm Monday through Friday. I understand that if my child is left at the center after the normal hours that have been stated above then I understand that a late fee of \$5.00 per 1 minute will be charged and applied to my child's account.

I agree to pay the full fee week for weeks containing a major holiday and any time the academy is closed for training, unexpected delays, closings due to inclement weather or major disaster, that will result in the center being closed. This includes the following holidays: **New Years Eve, New Years Day, Christmas Eve, Christmas Day, Thanksgiving, The day after Thanksgiving, Memorial Day, Good Friday, Martin Luther King Day, Labor Day, July 4th**
All closing dates will be posted in advance.

I understand that there is no reduction in fees for sick days or absences, center closing, or family vacation days.

I understand that if weekly tuition payment is not received on Friday of each week, A \$15.00 late fee will be added to my child's account per day until payment is received. I also understand that my child will not attend DWCA programs until weekly tuition and late fees incurred are paid in full.

I understand that on the 10th business day of non-payment of delinquent tuition and all late fees incurred, my child will automatically be disenrolled from DWCA programs. I will be fully responsible for my child's delinquent tuition and late fees incurred and Non-Advance Notice Withdrawal fee. *(2 weeks tuition will be added to your child's account.)* I will also be responsible for any legal fees needed to obtain payment.

In the event that I withdraw my child from the program, I agree to give DWCA (2) two weeks advance notice.

I understand that if I do not provide DWCA with (2) weeks advance notice of withdrawal of my child I will be responsible for (2) two weeks tuition payment. *(Non-Advance Notice Withdrawal Fee)*

Parent/Guardian Full Name _____

Date: _____

Parent/Guardian Signature _____

Social Security _____

Date of Birth _____

Photocopy/Driver License/Picture ID Required: