

THALIA DAY SCHOOL
4321 Virginia Beach Blvd.
Virginia Beach, Virginia 23452
(757) 648-1150

APPLICATION FOR ENROLLMENT IN THALIA DAY SCHOOL

Last Name _____ First Name _____ Middle _____

Name Child likes to be called _____ Sex _____ D.O.B ____/____/____ Age _____

Home Address _____ City _____ State _____ Zip _____

Phone Number _____

Chronic Physical Problems _____

(Pertinent Developmental Information/Special Accommodations Needed)

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency

Child's Physician _____ Phone _____

EDUCATIONAL INFORMATION

Grade applying for _____

Last school attended _____

Other Programs Currently Attending _____

Student grades have be Superior Average Below Average

Has student been retained in any grade? No Yes If so, what grade?

Has this student ever been suspended, expelled, or otherwise dismissed or severely disciplined in any other school?

No Yes If so, please specify

CHURCH INFORMATION

Church now attending: _____

Attendance Regular Occasional Never

If you do not have a home church or you are looking for church may we give your information to

Thalia United Methodist Church? No Yes

Does your child know Jesus Christ as his or her Lord and Savior No Yes

GENERAL INFORMATION

Reason for selecting Thalia Day School: _____

How did you hear about Thalia Day School? individual - please identify yellow pages

newspaper other- please specify

FAMILY INFORMATION

Father's Name _____

Address _____

Home phone _____ Work phone _____ Cell phone _____

Employer _____ Address _____

Mother's Name _____

Address _____

Home phone _____ Work phone _____ Cell phone _____

Employer _____ Address _____

With whom does this child reside? _____

OTHER INFORMATION

Person(s) or Agency Having Legal Custody Of Student

Name _____ Home Phone _____

Home Address _____ City _____ State _____ Zip _____

Business Address _____

Business Phone _____ Cell Phone _____

Persons Other Than Parents/Guardians to be called in an Emergency

Name _____ Daytime Phone _____ Evening Phone _____

Home Address _____ City _____ State _____ Zip _____

Name _____ Daytime Phone _____ Evening Phone _____

Home Address _____ City _____ State _____ Zip _____

Person(s) Authorized To Pick Up _____

Person(s) NOT Authorized To Pick Up _____

****If it is a parent that is unauthorized to pick this child up a court order must accompany this application. Court orders will be followed at all times.**

Are there any unusual factors in the child's life such as adoption, serious illness, allergies, absence of either parent, learning disabilities, or any other circumstances about which you feel the school should know? Please comment:

AGREEMENTS

1. **The child day center agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if so requested by the center.**
2. **The parent/guardian authorizes the child day center to obtain immediate medical care if any emergency occurs when he cannot be located immediate. ****
3. **The parent(s)/guardian(s) agree to inform the child day center within 24 hours or the next business day after his child or any member of the immediate 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.**

Parent or Guardian Signature _____ Date ____/____/____

Administrator Of Center _____ Date ____/____/____

Date Child Entered Care: ____/____/____ Date Left Care: ____/____/____

Office Use Only
Identity Verification

Place of Birth _____ Birth Date ____/____/____ Birth Certificate Number _____

Date Issued ____/____/____ Other Form Of Proof _____

Date Documentation Viewed ____/____/____ Person Viewing Documentation _____

Date OF Notification of Local Law Enforcement Agency when required proof of identity is not Provided ____/____/____

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician, or midwife record), passport copy of the placement agreement or other proof of the child's identity from a placing agency (foster care and adoption agencies), record from a public school in Virginia, or certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented or a copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school or after school program or the center transfers responsibility of the child directly to the school (i.e. before school program). While programs are not required to keep the proof of child's identity documentation of viewing this information must be maintained for each child.

STATEMENT OF COOPERATION

1. **FINANCES:** I understand it is necessary that parents pay tuition for the amount stated on the fees and Financial Agreement. If regular tuition is not received by close Tuesday of the current week, a \$25.00 late charge will be added to the account. Any account outstanding two weeks after due date may suspend the student until payment is brought up to date. Suspension may result in your child forfeiting his or her spot in the class. A fee of \$35.00 will be charged for each returned check.

I understand that there are no refunds made on the Registration Fee, Book fee, or other additional fees. Tuition refunds will only be made on accounts paid in advance and when appropriated notice of withdrawal is given. Refund policy pertains to all student rather they withdraw or they are dismissed by the school.

2. **SCHOOL ACTIVITIES:** I give my permission for my child to take part in all school activities, including PE, sports, and school-sponsored field trips away from the school premises, and absolve the school from liability to me or my child because of any injury to my child at school or during any school activity. In case of emergency or serious illness, I give the school permission to make whatever arrangements seem necessary for my child's treatment.
3. **DISCIPLINE:** I believe discipline is necessary aspect of my child's education. I give permission for my child's teacher and /or principal to make and enforce classroom regulations in a manner consistent with Christian principles and our student handbook.
4. **PARENTAL COMMITMET:** I understand my child is accepted on general probationary status for the first semester. I agree that I will in no case complain to other parents, but will register only necessary complaints with the teacher or administration. I pledge my full cooperation to keep controversy out of the school. I understand it is my responsibility to read the student handbook and agree to and abide by its established policies.
5. **STATEMENT OF FAITH:** I understand Thalia Day School believes the Bible to be the holy, inspired, infallible Word of God providing strict rules of faith and practice. We believe in one God, existing in three persons: the Father, Son, and Holy Spirit. We believe in the divinity of Jesus Christ, His sinless life, sensational death, glorious resurrection, and imminent return. We believe salvation comes by faith alone and exist in the repentant heart, and absolute committal of one's self to Christ as Savior with purpose to love and obey His written Word.

I hereby certify I have read the Statement of Cooperation and I agree to abide by the stated policies. I further certify I have been given a parent/student handbook and I understand it my responsibility to read the handbook and abide by the stated policies.

Parent/Guardian Signature

Date