



2024-2025 REGISTRATION PROCEDURES and INFORMATION

Our Mission: Providing a quality, early childhood education, through a developmentally appropriate and Christ-centered curriculum, in an atmosphere of Christian love and grace.

Thank you for your interest in Day One Christian Academy at Gloria Dei Lutheran Church. Please read the guidelines and follow the information sheet carefully. If you have any further questions, visit our website at www.dayonechristianacademy.org.

REGISTRATION PROCEDURES

First: Complete **ALL** blank spots in the Registration Packet.

Second: Required Documentation for Student Files in Completion:

- Completed Registration Form
- Copy of Insurance (re-enrolling students only if change)
- Current Immunizations (birth through present age)
- Volunteer Form
- Copy of Birth Certificate OR Verification of Birth Facts (If not on file)
- Doctor Signed Health Statement within past 12 months

Submit **ALL** required documents with annual non-refundable \$75 Application Fee. Re-enrolling students can draft fees from their Simply Giving account.

Third: A Letter of Acceptance will be emailed indicating a date to secure your child(ren)'s enrollment with an annual non-refundable \$225 Enrollment Fee. Failure to submit fees will result in forfeiture of your child's enrollment placement and automatically place your application into the waiting pool.

REGISTRATION INFORMATION

Classroom placements reflect availability and ratios set forth by the National Lutheran School Association and the Department of Texas Child Care Regulations.

Applications for enrollment are considered in the order received.

If your child has been diagnosed with a food allergy, an Emergency Care Plan must be completed, forms are available upon request and on the Day One Website.

Day One is not qualified or equipped to accept all children with special needs. Day One will evaluate each child to determine whether we can serve them.

Application and Enrollment Fees are not applied towards your child's tuition.

2024-2025



Tuition Rates

Monthly Fees for Infants

Days Attending	12 Hours of Care	9 Hours of Care	6 Hours of Care
1	\$241	\$181	\$120
2	\$482	\$361	\$241
3	\$723	\$542	\$361
4	\$963	\$723	\$482
5	\$1,204	\$903	\$602

Annual Fees:

Annual, non-refundable **\$300 Registration Fee** (\$75 Application Fee/\$225 Enrollment Fee)

Discounts:

- 10% discount offered to sibling(s) with the lowest tuition rate(s)
 - 10% discount offered to parents actively serving in Military
 - 3% discount offered to families paying in-full for annual tuition
- Eligible families are able to select only one form of the discounts offered.

Day One Christian Academy is a non-profit ministry of Gloria Dei Lutheran Church

Monthly Fees for Toddlers

Days Attending	6:30 AM 9:00 AM	7:00 AM 9:00 AM	8:00 AM 9:00 AM	9:00 AM 12:00 PM		12:00 PM 3:00 PM	12:00 PM 4:00 PM	12:00 PM 5:00 PM	12:00 PM 6:00 PM	12:00 PM 6:30 PM	6:30 AM 6:30 PM
				Includes Lunch							
1	\$52	\$42	\$24	\$83	\$57	\$76	\$95	\$114	\$123	\$258	
2	\$103	\$84	\$47	\$166	\$114	\$152	\$190	\$227	\$246	\$516	
3	\$155	\$127	\$70	\$249	\$171	\$227	\$284	\$341	\$370	\$773	
4	\$207	\$169	\$93	\$332	\$227	\$303	\$379	\$455	\$493	\$1,031	
5	\$259	\$211	\$116	\$414	\$284	\$379	\$474	\$569	\$616	\$1,289	

Monthly Fees for Preschool Students

Days Attending	6:30 AM 9:00 AM	7:00 AM 9:00 AM	8:00 AM 9:00 AM	9:00 AM 12:00 PM		12:00 PM 1:00 PM	12:00 PM 3:00 PM	12:00 PM 4:00 PM	12:00 PM 5:00 PM	12:00 PM 6:00 PM	12:00 PM 6:30 PM	6:30 AM 6:30 PM
				Includes Lunch								
1	\$52	\$42	\$24	\$82	\$37	\$74	\$93	\$112	\$131	\$141	\$275	
2	\$103	\$84	\$47	\$165	\$73	\$148	\$186	\$224	\$262	\$281	\$549	
3	\$155	\$127	\$70	\$247	\$109	\$223	\$279	\$336	\$393	\$422	\$824	
4	\$207	\$169	\$93	\$329	\$145	\$297	\$373	\$448	\$524	\$562	\$1,098	
5	\$259	\$211	\$116	\$411	\$181	\$371	\$466	\$560	\$655	\$703	\$1,373	

Monthly Fees for Prekindergarten Students

Days Attending	6:30 AM 9:00 AM	7:00 AM 9:00 AM	8:00 AM 9:00 AM	9:00 AM 12:00 PM		12:00 PM 1:00 PM	12:00 PM 3:00 PM	12:00 PM 4:00 PM	12:00 PM 5:00 PM	12:00 PM 6:00 PM	12:00 PM 6:30 PM	6:30 AM 6:30 PM
				Includes Lunch								
1	\$52	\$42	\$24	\$84	\$37	\$74	\$93	\$112	\$131	\$141	\$277	
2	\$103	\$84	\$47	\$169	\$73	\$148	\$186	\$224	\$262	\$281	\$553	
3	\$155	\$127	\$70	\$253	\$109	\$223	\$279	\$336	\$393	\$422	\$830	
4	\$207	\$169	\$93	\$337	\$145	\$297	\$373	\$448	\$524	\$562	\$1,106	
5	\$259	\$211	\$116	\$421	\$181	\$371	\$466	\$560	\$655	\$703	\$1,383	

Unscheduled care with prior approval is provided for a \$10.00 per hour fee

9AM-12PM column is base rate. Add Morning Drop-Off and/or Afternoon Pick-Up timeframe column(s) for total Monthly tuition.



2024-2025

PLEASE COMPLETE ALL INFORMATION

Child's Name _____ Gender _____ Age _____ Date of Birth _____

Mailing Address _____ City _____, TX Zip _____

Primary E-mail (s) _____

Church presently attending _____

Are you interested in more information about Gloria Dei? () Y () N

Is your child Baptized? () Y () N Are you interested in information about Baptism? () Y () N

⇒ Infants Indicate Schedule: () 6:30am-6:30pm () 8am-5pm () 9am-3pm

⇒ Indicate Days Attending: () Monday () Tuesday () Wednesday () Thursday () Friday () M-F

⇒ Toddlers / PS / PK Indicate Schedule in addition to 9-12:

Before School Care () 6:30-9am () 7-9am () 8-9am

School Hours (X) 9-12 Noon

After School Care () 12-1 () 12-3 () 12-4 () 12-5 () 12-6 () 12-6:30

Parents: Mother _____ Phone _____

Employer* _____

Father _____ Phone _____

Employer* _____

* Concealed firearms are NOT allowed on the premises. As a federal/state law enforcement agent, I am licensed, and may be carrying a firearm. () Yes () No

Parent's status () Married () Separated () Divorced* () Widowed () Single Parent

*Who has custody? _____ May child be released to either parent? () Yes () No

List emergency contacts in priority order that also have the authority to pick up your child:

1. _____ Phone # (s) _____

2. _____ Phone # (s) _____

3. _____ Phone # (s) _____

Unfamiliar persons authorized to pick up are required to provide a valid Driver's License or other picture I.D. before child is released. Children are not allowed to leave with any other person without prior authorization from the responsible parent or guardian.

⬡ Please Initial

Did another Day One Christian Academy family refer you? () Yes () No If yes, which family? _____

If no, how did you learn about our program? _____

2024-2025 SCHOOL USE ONLY:

Application Fee _____ Registration Fee _____ Entry Date _____

Allergy (s) _____

Other Notes: _____

TRANSPORTATION: I understand that Day One Christian Academy does not transport children. In case of a medical emergency the staff will call 911.
I understand Day One will only transport my child in case of a mandatory emergency evacuation.
Prekindergarten age level only: I (parent) understand I am responsible for the transportation of my child to attend school sanctioned field trips.

Please Initial

WATER ACTIVITY: I hereby () give () do not give consent for my child to participate in water sprinkler activities.

Please Initial

PHOTOGRAPHS/VIDEO TAPING: I hereby () give () do not give consent for my child to be photographed or videotaped for any legitimate purpose including but not limited to the classroom (including Classroom Memory Book / HiMama / Day One Christian Academy / Gloria Dei purposes.

Please Initial

PRIVACY POLICY ACKNOWLEDGEMENT: I hereby consent to disclose my child's health information with staff as necessary to administer the health and safety of my child in the program.

Please Initial

SPECIAL NEEDS AND MEDICAL HISTORY

1. Does your child have any existing/previous medical condition?
() No () Yes, please explain: _____
2. Is your child on medication prescribed for long term or continuous use?
() No () Yes, please explain: _____
3. Has your child been diagnosed with a food allergy?
() No () Yes*, please explain: _____
*A food allergy requires Emergency Care Plan to be completed by a physician.
4. Does your child have any other allergies (drug, environmental...) or food sensitivities?
() No () Yes, please explain: _____
5. Does your child have any vision, speech, or hearing problems?
() No () Yes, please explain: _____
6. Does your child have special needs or other information that the faculty should be aware of?
() No () Yes, please explain: _____

EMERGENCY INFORMATION

In case of a medical emergency while my child attends, I understand that the following procedures are followed:

1. Our Staff will contact parent(s) at the telephone numbers listed on the registration form.
2. If no parent is available in an emergency, the staff will contact the emergency contact listed below.
3. Basic First Aid will be provided and appropriate measures taken, including contacting Emergency Medical Services.
4. Our Staff will arrange for an ambulance or other emergency vehicle to the preferred hospital listed below.
5. Our Staff may contact my child's physician at the telephone number given below.

Child's Physician _____ Phone _____

Hospital Preference (must indicate specific location) _____

Medical Insurance Provider _____ Insurance # _____

If a medical emergency arises and a parent/guardian or persons designated below cannot be reached, I hereby authorize Day One Christian Academy and/or Gloria Dei Staff to authorize permission for emergency medical treatment from my child's physician, emergency medical services, and/or local hospital to follow the above procedure.

Please Initial

Please list person, other than parents, to contact in case of an emergency. Per Texas Child Care Regulations, all below information is required:

Name _____ Relationship to Child _____

Address _____ Phone Number _____

PARENT'S SIGNATURE _____ DATE _____

Train up a child in the way he should go, and when he is old he will not turn from it. Proverbs 22:6



2024-2025 VOLUNTEER OPPORTUNITIES

Our Mission: Providing a quality, early childhood education, through a developmentally appropriate and Christ-centered curriculum, in an atmosphere of Christian love and grace.

Quality education is the result of time and talent. Your time and talents directly benefit the children at Day One Christian Academy. Please consider the opportunities listed that will enhance our program.

Volunteer's Name _____ Student Name _____
Email _____
Days/Times Available _____

Please check (one or more) areas you are interested in assisting:

- () Assist with Comfort Dog Visit
_____ Team Leader
- () Assist with Fire Department Visit
- () Assist with Life Touch Pictures (Individual and/or PK Graduation Photos)
_____ Team Leader
- () Teacher Appreciation
_____ Team Leader
_____ Monthly "Treat our Teachers" Refreshments for Teacher Kitchen
- () Grounds Upkeep (some examples: pruning, weeding, playground upkeep, watering plants, etc...)
_____ Team Leader
- () Library
_____ Team Leader
_____ Book Shelving
_____ Story Reader (Please note child's class only or multiple classes)
- () Office Help
_____ Team Leader
- () Community Helper (speak with the children about your job/hobby: _____)
_____ Team Leader
- () Room Parent
- () Decorator
_____ Team Leader
- () Classroom Assistant*
- () Volunteer Coordinator* [Requires background check and a signed Ministry Description for school year commitment](#)

* Must complete background and fingerprint checks as required by DFPS Child Care Licensing



2024-2025

HEALTH STATEMENT

HEALTH STATEMENT REQUIREMENT

Health status information is critical to ensuring that the individual needs of children are met, while protecting the health and safety of all children in care. The Texas Department of Family and Protective Services requires a written statement from a physician indicating the child had a complete physical exam within the past 12 months and is able to take part in the school program at Day One Christian Academy.

_____ (Please print child's name), is free from contagious and communicable disease and is physically able to participate in the school program.

Date of last physical exam _____ Child's birth date _____

Physician's Signature _____ Date _____

This form must be completed prior to attendance in the program.

