



To Apply to DANIEL DAYCARE, please mail the following items:

1. The below application
2. The background check form – one for each parent (in order for parents to have access to our campus)
3. Your student’s current immunization records
4. Check payable to The Daniel Academy for a \$300 deposit. (\$150 for an application/admin fee, \$150 as a deposit towards your first tuition)

Payments can also be made through a money order or Paypal.

To make a payment using PayPal send to payments@thedanielacademy.com. Remember you must select sending to a friend or it will deduct fees from your payment. .

We will be emailing you within a week of receiving your application with more information.

Please email all questions regarding enrollment to danieldaycare@thedanielacademy.com



THE DANIEL ACADEMY

A SCHOOL FUELED BY PRAYER

WWW.THEDANIELACADEMY.COM

310 W. 106TH STREET
KANSAS CITY, MO 64114
(816) 943-0923

Daniel Daycare Application

Child's Name		Date of birth:	Gender
Parents Names (if you are a blended family, please list all names)			
Home Address		City	
State	Zip Code	Home Phone	Date of Birth
Father's Email	Father's Cell Phone	Mother's Email	Mother's Cell Phone
I want to enroll my infant (8 weeks) to 2 years in daycare (circle all days you need): Full time (5 hours plus/day): M T W Th F Part time (Less than 5 hours/day): M T W Th F			
I want to enroll my 3, 4 or 5 year old child in preschool half days and childcare (circle all days you need): Full time (6 hours plus/day): M T W Th F Part time (Less than 6 hours/day): M T W Th F			
Has your child previously been in daycare or preschool? If so, where? How did they respond there?			
Please list any unusual factors in your child's life (severe illness, family issues, social/physical trauma, etc.).			
Is your child allergic to anything or do they suffer from asthma or seizures, etc? Please share any other information with us that we should know about.			
Please tell us about your child. If they are a toddler, tell us a little of their personality and some things they like/dislike.			

Parent/Family Information

Please list names and ages of all siblings of the applying student.

Father's education background (including any degrees) and occupation

Mother's education background (including any degrees) and occupation

Please list father's skills and passions.

Please list mother's skills and passions.

Is your family a blended family? If so, please tell us the details of the arrangement. Are there custodial issues?

We agree that Little Daniels Preschool and Daniel Daycare are being operated under The Daniel Academy, which operates under the MO license exemption provision.

We agree that we have read and agree to The Daniel Academy Daniel Daycare policies as stated in the welcome packet and affirm that all statements made in this application are true and accurate to the best of our ability to discern.

Signature of Father or Guardian

Signature of Mother or Guardian



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AUTHORIZATION AND REQUEST FOR BACKGROUND CHECK - one per each parent

In order for all our parents to be able to come and go in our school, we require this check on all parents and teachers.

I, _____, hereby authorize The Daniel Academy from time to time, as deemed appropriate, to request any law enforcement or any other agency chosen by The Daniel Academy specifically for conducting this search to release information regarding any record of charges or convictions contained in its files, or any criminal file maintained on me, whether local, state, or national, and including but not limited to accusations and convictions or crimes committed against minors, to the fullest extent permitted by local, state and federal law. I do release said law enforcement agencies and any other entities from all liability that may result from any such disclosure made in response to this request.

Signature of Applicant: _____ Date: _____

Print Full Name: _____

Print all other names that have been used by applicant (if any): _____

Date of birth: _____

Place of birth: _____

Social Security Number (required): _____

Driver's license number: _____

State issuing license: _____

License expiration date: _____

Current Address: _____

Previous Address: _____

Have you ever been convicted of a felony? If so, please give details and when it occurred.



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