



thedanielacademy.com

310 W. 106th Street
Kansas City, MO 64114
816.943.0923
www.thedanielacademy.com

To Apply to Little Daniels, please drop off or mail the following items:

1. The below application
2. The background check form – one for each parent
3. Your student's current immunization records
4. Check payable to The Daniel Academy (or TDA) for \$95 deposit.

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

**Blessings,
Lauren Fraser
Principal of The Daniel Academy**



thedanielacademy.com

310 W. 106th Street
 Kansas City, MO 64114
 816.943.0923
 www.thedanielacademy.com

Little Daniels Preschool Application

Child's Name		Age on August 1, 2014	Sex
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 3, 4 or 5 year old child in (please circle one):			
M/W mornings		T/Th mornings	
Has your child previously been in preschool? If so, where? How did they respond there?			
Please list any unusual factors in the student'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.			
Is your child on any medication? If so, what is it?			
Is your family a blended family? If so, please tell us the details of the arrangement. Are there custodial issues?			

Parent Information

Please list names and ages of all siblings of 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.

Please tell us about your child. What do they like to do? What are their gifting and strengths?

We agree that we have read and agree to The Daniel Academy preschool 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



thedanielacademy.com

310 W. 106th Street
Kansas City, MO 64114
816.943.0923
www.thedanielacademy.com

AUTHORIZATION AND REQUEST FOR CRIMINAL RECORDS 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 applicant's 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: _____

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

Current Address: _____

Most recent address previous to KC Metro Area _____

Daytime Phone: _____

Email: _____