

Summer Program 2025 ~ Infant Registration

Student's Name: _____ Current Date: ____/____/____ DOB: ____/____/____

All registration forms must be accompanied by a non-refundable \$70.00 registration fee **New INFANT** Students - Resource fee is **\$450.00**

➤➤ Please indicate the weeks your child will attend by checking the box - Circle the particular days needed for attendance - Total the bottom columns

 <small>COUNTRY DAY SCHOOL OF ARLINGTON MONTESSORI PROGRAM established 1959</small>		INFANT	Themes of the week	5	5	4	4	3	3
				Full Days	1/2 Days	Full Days	1/2 Days	Full Days	1/2 Days
				\$260 week	\$195 week	\$225 week	\$180 week	\$195 week	\$155 week
Wk 1 **	May 27 -- 30		Fruits & Veggies	**NO School or ED on Monday, 05/26/2025 MARK correct column ▶▶		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						T	T	T	T
				W	TH	F	W	TH	F
Wk 2	June 2 -- 6		Community Helpers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				M - F	M - F	M T	M T	M T	M T
				W	TH	F	W	TH	F
Wk 3	June 9 -- 13		Mother Goose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				M - F	M - F	M T	M T	M T	M T
				W	TH	F	W	TH	F
Wk 4 **	June 16 -- 18, 20		What's Bugging Me	**NO School or ED on Thursday, 06/19/2025 MARK correct column ▶▶		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						M T	M T	M T	M T
				W	F	W	F	W	F
Wk 5	June 23 -- 27		All My Senses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				M - F	M - F	M T	M T	M T	M T
				W	TH	F	W	TH	F
Wk 6 **	June 30, July 1 -- 3		Grooving Transportation	**NO School or ED on Friday, 07/04/2025 MARK correct column ▶▶		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						M T	M T	M T	M T
				W	TH	W	TH	W	TH
Wk 7	July 7 -- 11		E-I-E-I-O	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				M - F	M - F	M T	M T	M T	M T
				W	TH	F	W	TH	F
Wk 8	July 14 -- 18		Commotion in the Ocean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				M - F	M - F	M T	M T	M T	M T
				W	TH	F	W	TH	F
Wk 9	July 21 -- 25		Island Paradise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				M - F	M - F	M T	M T	M T	M T
				W	TH	F	W	TH	F
Wk 10	July 28 - 31, Aug 1		Healthy Body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				M - F	M - F	M T	M T	M T	M T
				W	TH	F	W	TH	F
Please TOTAL each column <u>AMOUNT</u> >>									

**4-Day week: CDSA will be closed – No Extended Days available MON, 05/26/2025 (Memorial Day); TH, 06/19/2025 (Juneteenth); FRI, 07/04/2025 (Independence Day)



For office use: 12/23/2024

Date Received: ____/____/____

PC Entered by: _____

MC Entered by: _____

SUMMER 2025 EXTENDED DAY PROGRAM AGREEMENT

This form is required to be signed by all CDSA families.

- After-school care is available on a drop-in or discounted monthly agreement basis. I understand that I have accepted financial responsibility to pay the following:
 - Drop-in care is available at a rate of 10¢ a minute, beginning at 3:30PM. Monthly rates are available for full and part time schedules and are detailed in the chart on the back side of this form.
 - Rates may be viewed online at www.cdlsa.org.
 - Changes made to a monthly agreement after the 1st of any given month will not go into effect until the following month.

IMPORTANT INFORMATION: **Extended Day: 817-253-9994**

Emergency: Joyce Hunt: 817-723-1860

Summer Program 2025 begins Tuesday, May 27, 2025

- In the case of bad weather please tune to NBC5 or WFAA 8 and check the school website www.cdlsa.org for school closing instructions.
- CDSA will be closed and will not offer care on the following dates ...**
 - Thursday, June 19th
 - Friday, July 4th

I confirm that I have read and agree to the CDSA Extended Day Program Agreement.

Child(ren) _____

Parent's signature: _____ Date: ____/____/____

MONTHLY AGREEMENT - 2 options available only for students attending all four weeks of either month (June / July).

To sign up for a discounted monthly rate, please indicate the day, next to the times desired, or place a check next to the Drop In or Full Extended Day Plan option. Changes made to any plan must be submitted in writing by the 1st of the month, and on the proper form provided by request from the front office. All plan changes will be made effective the following month.

Based on the program agreement information provided above, I sign my child up for one of the following plans:

Monthly Plan:

MORNING	M ____	T ____	W ____	TH ____	F ____
AFTERNOON until 4:30	M ____	T ____	W ____	TH ____	F ____
AFTERNOON until 6:00	M ____	T ____	W ____	TH ____	F ____

Drop-in Care:

- Afternoon care - 10¢ a minute, beginning at 3:30PM.
- Morning care - 10¢ a minute. Children may arrive as early as 7:00AM.



Registration Acknowledgement & Consent Form

I have carefully reviewed the MyProcare questions to register my child at Country Day School of Arlington for the programs marked below. I have answered the questions fully, and to the best of my knowledge. I acknowledge that I have received a copy, via email, summarizing my online application.

(Check all that apply.)

- The 2025-2026 Academic School Year
- The 2025 Summer Program

I understand and consent to the following statements:

(Initial the box beside the statement in which you are giving your consent.)

- I hereby give consent for my child's photograph to be used in advertisements and/or external marketing.
- I hereby give my consent for my child to receive insect repellent provided by either the parent or CDSA.
- I hereby give my consent for my child to receive sunscreen provided by either the parent or CDSA.

Signature of Guardian #1

Printed Name

Date

(Required)

Signature of Guardian #2

Printed Name

Date

(Optional)