



DA CAPO
CLASSICAL
ACADEMY

LAYING A FOUNDATION FOR LIFE

2026-27 Application Registration Form

Da Capo Classical Academy© is a faith-based organization functioning on a Christian philosophy with a biblically integrated curriculum. We are committed to providing quality education as well as a safe and structured environment for your child to develop and learn. Along with this application it is **mandatory** that each parent/guardian read through our “**Policies and Procedures**” found on our website. **Student Application**, along with a **registration/application fee of \$150**, is **due before student’s first day of class**. *Any application received after the start of the school year will be considered on a first come first served basis.*

Student Information:

Full Name: _____ Age: _____
(Kindergarten Children must be 5 by July 1, 2026.)

Preferred name: _____ Male or Female (circle one)

Home MAILING Address: _____

City/State/Zip: _____

Phone: _____ Birth date: _____

T-Shirt size: _____

Regular Church Attendance: yes or no (circle one) If yes where: _____

PARENT/GUARDIAN/INFORMATION

Applicant lives with: Parents _____ Mother _____ Father _____ Other: _____

Legal Custody: Parents _____ Mother _____ Father _____ Other: _____

Email Address: _____

Mother/Guardian

Name: _____ Home Phone: _____

Place of Employment: _____ Work Phone: _____

Hrs. of Work: _____ Cell phone: _____

Father/Guardian

Name: _____ Home Phone: _____

Place of Employment: _____ Work Phone: _____

Hrs. of Work: _____ Cell phone: _____

EMERGENCY CONTACTS

List three emergency contacts (please include yourself): (*name, relationship, **full address**, phone number*)

1. _____

2. _____

3. _____

Please list those who are authorized to pick up your child (include yourself):

Name: _____ **Relationship:** _____

Phone Number: _____ **Full Address:** _____

Name: _____ **Relationship:** _____

Phone Number: _____ **Full Address:** _____

Name: _____ **Relationship:** _____

Phone Number: _____ **Full Address:** _____

MEDICAL INFORMATION

Doctor's Full Name: _____ Phone number: _____

Full Address: _____

If Physician cannot be reached, what actions should be taken?

If needed, which hospital is preferred? _____

Health Insurance Coverage _____

Insurance Policy Number _____

Does the student have allergies? yes or no (*circle one*)

**List any known allergies below:*

Does the student have a disability? yes or no (*circle one*)

If yes, please explain:

Are all required immunizations up to date? yes or no (*circle one*)

If no, please explain: _____

Does your child have any chronic/ongoing health problems? _____

If yes, please explain: _____

Does your child use any medication on a regular basis? yes or no (*circle one*)

If yes, please explain: _____

Please rate your child's overall health. (*circle one*) Excellent Good Fair Poor

*I hereby give permission to **Da Capo Classical Academy**© and its teachers to secure medical and/or emergency surgical treatment for my child. I also give them permission for necessary emergency transportation. (non-emergency medical treatment or elective surgery is NOT included in this authorization)*

(Date signed)

(Parent's Signature)

*If you **object** to Da Capo Classical Academy© or its teachers providing medical attention please sign below.*

Date signed _____ Parent Signature _____

PROGRAM OPTIONS AND PAYMENT PREFERENCE

Hours of Operation (Monday-Friday): 8:15 am – 12:00 pm (KINDERGARTEN) 8:15 am – 1:00 pm (FIRST-SECOND) 8:15 am – 1:30 pm (THIRD-FOURTH)		
DROP OFF: 8:15-8:25 am (ALL) PICK UP: 12:00 pm (K-5) 1:00 pm (1st-2nd) 1:30 pm (3rd-4th) Any students remaining in the classroom more than 10 minutes after their scheduled pickup will be charged for aftercare.		
PROGRAM OPTIONS	First Grade	Third Grade
Kindergarten	Second Grade	Fourth Grade

TUITION COST: Please see our website or flyer for current tuition costs and fees.

“Before care” and “after care” supervision are provided at the Kids of Harmony Preschool© for KINDERGARTENERS on an individual basis upon request for an additional charge paid directly to Kids of Harmony Preschool©. This is not additional schooling, only childcare. This must be set up through Kids of Harmony Preschool and will be charged on a monthly basis regardless of usage.

Payments may be paid yearly, by semester or monthly (based upon ten-month payment plan August—May). Yearly payment will be due in full August 15, 2026. Semester payments are due with half (1/2) the total amount due August 15, 2026 and the remaining half (1/2) due January 15, 2027. Monthly payments are due by the **15th of each month**. **Any payment after the due date will be charged a late fee of \$20 per day**. If payment is delinquent more than 30 days, the student ***will not*** be permitted to return to school until the account is paid in full.

Please indicate your preferred payment method:

Tuition fee: Lump Sum _____ Semester _____ Installment (10 mo) _____

Do you currently, or are you in the process of being able to, receive assistance from the WV Hope Scholarship Program? _____

Would you like more information about applying for the WV Hope Scholarship? ____ yes / ____ no

Please indicate below your preference of program:

(Circle): Kindergarten First Grade Second Grade Third Grade Fourth Grade

Please indicate if you anticipate needing childcare supervision:

(This does not constitute a guarantee of childcare. You will be contacted for further information.)

Morning: M Tu W Th Fr *(please circle anticipated days)*

Afternoon: M Tu W Th Fr *(please circle anticipated days)*

GENERAL INFORMATION and PARENTAL/GUARDIAN PERMISSIONS

1. How did you hear of us? _____
2. Do we have your permission to photograph your child? yes or no *(circle one)*
3. Do we have your permission to record video/audio of your child? yes or no *(circle one)*
4. Do we have your permission to use a photo of your child in our publications on our website/social media or in any newspaper articles? yes or no *(circle one)*
5. What are your primary goals for your child this year?

If there is any additional information you would like us to know about your child, please list it below:

Registration is ONLY completed when we have received this application, along with the **non-refundable \$150.00 Application/Registration/Testing Fee**. Checks may be made payable to:

Sarah Rinker
Da Capo Classical Academy
159 Granby Circle
Beaver, WV 25813

If you prefer to pay by credit card, please contact me at info@dacapoacademy.com to have an invoice emailed to you.

****Until payment is received, student's name will be put on a waiting list with no guarantee of available enrollment! Application fee is due by August 1st.**

By signing this form, you are stating that you have read the "*Policies and Procedures*" of our school and that the information you have provided on this form is true and accurate to the best of your knowledge. You are also aware that "Da Capo Classical Academy©" is a faith-based organization functioning on a Christian philosophy with a biblically integrated curriculum.

Final Acceptance is determined upon completion of personal interview with the administration. Interview will be scheduled by "Da Capo Classical Academy©" once application is received.

Signature of Parent/Guardian: _____ Date: _____

Da Capo Classical Academy© does not discriminate on the basis of race, color, national and ethnic origin in its admission procedures. Da Capo Classical Academy© reserves the right to decline acceptance of applicant.

For Official Use Only

Date Received: _____

- ☐ **Application Fee Paid**
- ☐ **Immunization Record**
- ☐ **Interview**
- ☐ **Tested**
- ☐ **Accepted**
- ☐ **Grade Placement**
- ☐ **Waiting List**
- ☐ **Rejected**