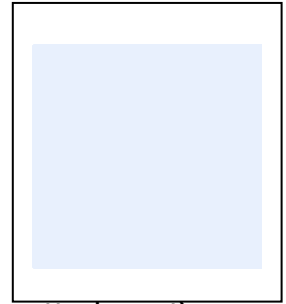




Dayspring Academy

Student Application



1. All sections of this application **MUST** be completed
2. Attach a recent photo of the student
3. Attach a copy of the student's immunization record
4. Attach a copy of the student's birth certificate or passport
5. Attached a completed medical examination report –both pages (separate attachment)
6. An application / assessment fee of \$150 is due upon submission of the application
7. A \$150 seat fee is due after the assessment once the child has been accepted

Personal Information

Student Name:			
Date of Birth:		Sex:	Female Male
Home Address:			
Has this child ever attended another school?	No Yes	If yes, name of school:	
Name of adults the child lives with:			

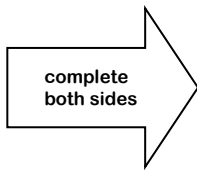
Parent / Guardian Information

Mother's Name:					
Mobile #		Home #		Work #	
Place of Employment					
Email Address:					
Father's Name:					
Mobile #		Home #		Work #	
Place of Employment					
Email Address:					

Alternative Contacts:

Please list the names of persons authorized to collect your child from school

	Name:	Relationship	Cell #
1			
2			
3			



Parent Behavioral Description



TO BE COMPLETED BY A PARENT OR GUARDIAN

Please answer these questions about how your child **USUALLY BEHAVES**.

Please answer YES if your child does the behavior OFTEN. Please respond to EVERY

If you point at something across the room, does your child look at it? (FOR EXAMPLE, if you point at a toy or an animal, does your child look at the toy or animal?)	YES	NO
Does your child fail to respond to his or her name or appear not to hear you at times?	YES	NO
Does your child play pretend or make-believe? (FOR EXAMPLE, pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll?)	YES	NO
Does your child have problems with coordination or odd movement patterns, such as clumsiness or walking on toes, and has odd, stiff or exaggerated body language?	YES	NO
Does your child make unusual finger movements near his or her eyes? (FOR EXAMPLE, does your child wiggle his or her fingers close to his or her eyes?)	YES	NO
Does your child performs activities that could cause self-harm, such as biting or head-banging when frustrated or upset?	YES	NO
Does your child show joint attention by point with one finger to show you something interesting? (FOR EXAMPLE, pointing to an airplane in the sky or a truck in the road)	YES	NO
Is your child interested in other children? (FOR EXAMPLE, does your child watch other children, smile at them, or go to them?)	YES	NO
Does your child show you things by bringing them to you or holding them up for you to see – not to get help, but just to share? (FOR EXAMPLE, showing you a flower, a stuffed animal, or a toy truck)	YES	NO
Does your child perform repetitive movements, such as rocking, spinning or hand flapping	YES	NO
Does your child respond to your or others with a smile or happy expression?	YES	NO
Does your child ever seem oversensitive to noise? (FOR EXAMPLE, covering ears)	YES	NO
Does your child use two-word phrases when speaking? (FOR EXAMPLE, “more juice”)	YES	NO
Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her?	YES	NO
Does your child try to copy what you do? (FOR EXAMPLE, wave bye-bye, clap, or make a funny noise when you do)	YES	NO
If you turn your head to look at something, does your child look around to see what you are looking at?	YES	NO
Does your child try to get you to watch him or her? (FOR EXAMPLE, does your child look at you for praise, or say “look” or “watch me”?)	YES	NO
Does your child understand when you tell him or her to do something? (FOR EXAMPLE, if you <u>don't point</u> , can she understand “put the book on the chair” or “bring me the shoes”?)	YES	NO
If something new happens, does your child look at your face to see how you feel about it? (FOR EXAMPLE, if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?)	YES	NO

Permissions



TO BE COMPLETED BY A PARENT OR GUARDIAN

Participation Permission

I give permission for my child to participate in indoor and outdoor activities at Dayspring Academy. I am aware of, and assume all reasonable risks and hazards associated with regular activities while at school, on the playground and in the classrooms. I hereby agree and accept that DaySpring Academy shall be under no greater liability than the obligations involved in the common duty of care to my child as a student of Daypring Academy for accidents happening, injuries sustained or for loss or damage sustained by my child while at school. Save for DaySpring Academy's common duty of care, I do hereby waive, release and agree to hold harmless DaySpring and its staff from any claims arising out of any injury, loss or damage that my child might sustain while at school, whether on the playground or in the classrooms. If an injury occurs which requires immediate medical attention, DaySpring Academy has my consent to take my child to a physician / hospital to receive emergency treatment during the school year. I understand that the school will contact me immediately with details surrounding the incident and the location of the emergency treatment.

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Insert Parent Signature

Insert today's date

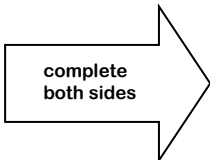
Photo Sharing Permission

I understand that DaySpring takes photographs of classroom activities. These photographs are sent to parents by email, by text and through other means of parent communication. I agree that any photographs taken by DaySpring Academy may be used for the purpose of communicating classroom activities to parents. I understand that my child may be included in photos of group activities which are sent to other parents. I understand that photos of the classroom activities are also used to promote the school, for advertising purposes, on brochures, on its website, and on social media. I agree that photos including my child can be used for this purpose.

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Insert Parent Signature

Insert today's date



Child Care Agreement

TO BE COMPLETED BY A PARENT OR GUARDIAN



The following agreement is made between: **Dayspring Academy**
and Name of Parent:

THE SCHOOL agrees to the terms of the agreement as follows:

Days & hours of operation:	The school agrees to provide regular childcare and educational service Monday to Friday 7:30am to 3:00pm	
	The school agrees to inform the parent in advance of special school closings and reduced hours	
Calendar	The school agrees to provide a calendar outlining dates of opening and closing dates	
	The school agrees to inform parents, in writing, of increases in fees, changes in policy, & unscheduled center closings that are not already on the school calendar.	
Curriculum / Program:	The school agrees to provide information about the curriculum to the parents	

THE PARENTS agree to the terms of the agreement as follows:

Tuition:	The parents agree to pay the fees according to the fee schedule DUE DATES. Please refer to the “tiered” fee description that was sent for the amounts.	<i>Please initial</i>
Term / Month:	The parents agree to the Fees paid by the: <i>Circle One</i> TERM or THE MONTH	<i>Please initial</i>
Non-Refundable:	The parents understand that ALL fees paid to DaySpring are non-refundable & non-transferable.	<i>Please initial</i>
Late fees:	The parents understand that Fees which are not paid by the due date are subject to a late fee of \$60 per month	<i>Please initial</i>
Annual Fee:	The parents understand that the annual academic fee is to be paid ONCE at the beginning of EACH YEAR: <ul style="list-style-type: none"> • \$390 (Toddler - K3) • \$450 (K4) • \$500 (K5) 	<i>Please initial</i>
Policies:	The parents agree to abide by ALL of the policies in the “parent handbook”.	<i>Please initial</i>
Supplies:	The parents agrees to supply the child with the following items: <ul style="list-style-type: none"> - A nap mat & a towel for naptime - Dayspring Academy uniforms - snacks (a fruit and other snacks) & lunch - an extra change of clothing - supplies as listed in the parent handbook 	<i>Please initial</i>

The school fee is payable whether the child does or does not attend school. There will be NO DISCOUNTS or REFUNDS of fees for vacations, sickness or holidays or if a child is absent or removed from the school. DaySpring is not obligated to hold open a child's seat after 20 unpaid absentee days by the child.

Parent Signature: _____ Date: _____

Physician's Medical Report

TO BE COMPLETED BY A PEDIATRICIAN



This physical examination must be completed by your child's doctor or a medical clinic. BOTH SIDES MUST BE completed, stamped and submitted with the application.

COPY OF IMMUNIZATION RECORD MUST BE ATTACHED

Child's Name:	Click or tap here to enter text.	Date of Birth:	Click or tap to enter a date.
Mother's Name:	Click or tap here to enter text.	Father's Name:	Click or tap here to enter text.

EXAMINATION:

Please describe the child's physical condition / health history:	
Click or tap here to enter text.	
Does the child have any allergies?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, Please describe the type of allergy	Choose an item.
IF YES, How does the allergy manifest itself?	Choose an item.
Does the child use any medications to control Asthma or an Asthmatic cough or wheezing?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the child have any behavioral / developmental conditions, learning delays or sickness?	Choose an item.

I have examined the above named child and verify that this child's medical history and current state of health are satisfactory for participation in a child care / preschool program.

YES

NO

Signature of physician:

Click or tap here to enter text.

Name of Clinic: Click or tap here to enter text.

Date: Click or tap to enter a date.

Print Physician's Name: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Address: Click or tap here to enter text.

****BE SURE TO COMPLETE BOTH SIDES OF THIS FORM**

complete
both sides

Physician's Medical Checklist



TO BE COMPLETED BY A PEDIATRICIAN

Child's name:	Click or tap here to enter text.	Date of Birth	Click or tap to enter a date.
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This checklist must be completed by the child's doctor or a medical clinic. This information is instrumental in this child being accepted in preschool.

The following statements may apply to this patient. Your responses should be based on your interaction with the child in addition to consultation with the parent. PLEASE answer every item.

1. This child engages in repetitive movements such as flapping hands / spinning in circles	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Parents complain of severe behavioral tantrums.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. This child has lost skills, such as speech skills, that he/she was able to perform before.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. This child repeats or 'echoes' what he/she has just heard from other people.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. Child is not achieving age appropriate speech developmental milestones.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. Child does not communicate by gesturing (pointing).	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. Parents indicate that this child does not respond to his / her name.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. Parents indicate that this child fixates on certain objects, patterns, or activities.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
9. This child engages in toe walking	<input type="checkbox"/> YES	<input type="checkbox"/> NO
10. Parents note that this child engages mostly in solitary play.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. Parents indicate that making eye contact with people is difficult for this child.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12. Even minor changes in schedules or plans cause this child to have outbursts.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13. Loud noises really bother this child.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14. This child eats a very limited number of foods.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15. This child repeats certain phrases over and over, such as repeating commercials or favorite movie scripts.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16. This child has a very restricted diet and will only eat a limited number of foods.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17. Parents indicate that this child often covers his / her ears in social / public gatherings	<input type="checkbox"/> YES	<input type="checkbox"/> NO
18. Parents have been advised to have this child screened for autism spectrum disorder.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
19. There is a family history of autism (e.g., a parent, grandparent, sibling, uncle, aunt).	<input type="checkbox"/> YES	<input type="checkbox"/> NO
20. This child has a diagnosis of Autism Spectrum Disorder / or another developmental disorder.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Please sign and stamp this document.

	Click or tap to enter a date.
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Signature of Physician and Clinic Stamp

Insert today's date