



Daycare Application Checklist

Name _____

| Page: | Items Needed to Complete Application: | Office Use Only |
|-------|--|-----------------|
| - | Application Fee Paid | |
| 2 | Application <i>(Return Completed)</i> | |
| 3-4 | Shadowing Emergency Information <i>(Return Signed and Completed)</i> | |
| | | |
| - | Scheduled a Shadowing Date | |
| | | |
| - | Approval by Daycare Director | |
| | | |
| - | Enrollment Packet given/Email sent | |



DAYS PRING

CHRISTIAN ACADEMY

Daycare Application

9am-11am Preferred day for student to shadow: **Monday Tuesday Wednesday Thursday Friday**

Disclaimer: The Daycare director will do the best to accommodate the day selected, however will reach out if a different day needs to be assigned.

Child's Name: _____ Date of Birth: _____

Child's Address: _____

Primary Language spoken at home: _____ Place of Birth: _____

Child's Physician / Clinic: _____ Telephone #: () _____

PARENT'S INFORMATION

| | |
|----------------------------|----------------------------|
| Father _____ | Mother _____ |
| Home Address _____ | Home Address _____ |
| Phone number () _____ | Phone number () _____ |
| Dad's Email _____ | Mom's Email _____ |
| WORK INFORMATION | WORK INFORMATION |
| Place of Employment _____ | Place of Employment _____ |
| Address _____ | Address _____ |
| Telephone Number () _____ | Telephone Number () _____ |

CHILD IDENTIFYING INFORMATION

Eye color _____ Hair Color _____ Sex _____

Height _____ Weight _____ Race _____

Identifying Marks: _____

Non-refundable fees:
Shadow Day Application fee - \$45
Enrollment Fee - \$150.00
Returning children discounted re-enrollment fee
(before August 1st) - \$100.00
Returning children discounted re-enrollment fee
(after August 1st) - \$200.00



Shadowing (Visiting) Student Program

The Daycare at Dayspring Christian Academy (DCA) provides a 2-hour window for parents/grandparents/guardians of what their child(ren)'s day will look like if enrolled at Daycare.

Shadow Day Information:

- Arrive at the school office by 9:00 a.m. on the day of your scheduled appointment. (Visiting students arriving after the start of the shadow day appointment will have to reschedule their shadow day).
- Shadow day hours are 9am to 11am. The daycare director will select a day and send it to the parent(s), grandparent(s) or guardian.
- Your students should wear comfortable weather appropriate clothing as we do outdoor activities (weather dependent).
- Students must bring a change of clothing, diapers, wipes, a snack, a bottle of water and/or milk, and a pacifier. (If applicable for that day.)
- ***Food items that cannot come to the Daycare due to severe allergies: Black beans, eggs, nuts and seafood.***
- Complete the Visiting Student Emergency Form and bring it with your student the morning of the Shadow Day.
- Application fee of \$45.00 MUST be paid before Shadow Day starts

***For specific questions, please call/ email the daycare director:
(daycairedirector@dayspringag.org)***

<https://dayspring-academy.org/daycare/> . daycairedirector@dayspringag.org

Office Number (508)761-5552 x1104



Shadow Day Emergency Information

Entire form must be filled out. Please Print

Student's Last Name First Middle Birth Date Age Current Grade

Father/Guardian Home Phone Daytime Phone Cell Phone

Mother /Guardian Home Phone Daytime Phone Cell Phone

Street Address City State Zip

Family email address: _____

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Is your child allergic to any medication? _____ If yes, please specify: _____

Is your child allergic to any food? _____ If yes, please specify: _____

Is he/she allergic to bee stings? _____ If yes, what action should be taken? _____

Are there any other medical issues we need to be aware of? _____

Primary Care Physician _____ Phone _____

Person(s) to whom my child may be released in the event of illness or emergency if I cannot be reached:

Name Home Phone Work Phone Cell Phone

Agreement and Release from Liability - I hereby agree to indemnify and hold harmless Dayspring Christian Academy, its officers, directors, and employees, from and against any and all liability or injuries which my child may suffer arising out of or in any way connected with my child's participation in this program. In case of emergency, arising during or in connection with any activity, I authorize any person in charge of the activity to consent to emergency treatment, at my expense. I understand that Dayspring Christian Academy is not obligated to carry any insurance to cover medical and/or dental treatment for my child. I agree to pay any needed medical and/or dental expenses incurred at Dayspring Christian Academy.

Insurance Company which covers my child: _____

Ins. Co. Phone: _____ Policy #: _____ Group #: _____

Hospital Preference: _____

Parent Signature: _____ Date: _____