



2026-2027 DCA Enrollment Packet Checklist

(Return completed, with all documents. Partial packets will not be accepted)

Student Name: _____

Page #	Items Needed to Complete Enrollment: <i>(Incomplete Packets Will Not Be Accepted)</i>	Office Use Only
-	Birth Certificate	
2	Enrollment Paperwork <i>(Return Completed)</i>	
3	Bullying Pledge <i>(Return Completed and signed by Student & Parent)</i>	
4-5	DCA Policy Agreement Forms <i>(2 Pages Return Signed & Dated)</i>	
6	Publishing Consent <i>(Return Completed)</i>	
7	Emergency Contact/Pick Up Information <i>(Return Completed)</i>	
8	DCA Tuition and Rates <i>(Read and Keep this Document)</i>	
9-11	Financial Policy <i>(Return Signed & Dated)</i>	
12	Declaration of Moral Integrity <i>(Return if volunteering)</i>	
13	PTO Parent Volunteer Form <i>(Return Completed and Signed)</i>	
14	FACTS Family Portal Instruction Sheet <i>(Read & Keep this Document)</i>	
15-17	All Medical Forms, plus physical and immunization records <i>(Return to Office)</i>	
-	Registered on FACTS for the current year, choose payment plan <i>(2026-2027)</i>, confirmed by finance department	
-	Enrollment Form and Fee(s) Enclosed: \$200 Enrollment fee for all new students	

**** In order to enroll my student and secure a position in class, I have enclosed ALL of the documents listed above, as well as all enrollment fee(s). I also understand that I have not completed my students enrollment until a payment plan for 2026-2027 has been selected on the FACTS portal.****

*****I have read the Parent-Student Handbook on the DCA Website:
www.dayspring-academy.org and agree to abide by it.*****

Father's Signature

Date

Mother's Signature

Date





“NO BULLYING” PLEDGE

We agree to do our part in preventing bullying at our school. We believe it is the right of everyone to enjoy our school and to have the confidence that it is a place where all will feel safe, secure, and accepted regardless of color, race, gender, popularity, athletic ability, intelligence, religion, and nationality.

Bullying can be pushing, shoving, hitting, kicking, pinching, spitting, as well as name calling, picking on, making fun of, laughing at, and excluding someone. Bullying causes pain and stress to victims and is never justified or excusable as “kids being kids,” “just teasing” or any other rationalization. The victim is never responsible for being a target of bullying.

Name and relation to the student: _____

As parents/guardians, we pledge to:

1. Keep ourselves and our children informed and aware of the Anti-Bullying/Harassment policies found in the Parent/Student Handbook.
2. Work in partnership with the school to encourage positive behavior, valuing differences, and promoting sensitivity to others.
3. Discuss regularly with our children their feelings about schoolwork, friendships, and relationships.
4. Inform faculty of changes in our children’s behavior or circumstances at home that may change a child’s behavior at school.
5. Alert faculty if any incidents of bullying have occurred.

As a student, I pledge to:

1. Learn about my school’s Anti-Bullying/Harassment policies found in the Parent-Student Handbook.
2. Show positive behavior and be sensitive to others.
3. Talk with my parents about my feelings about schoolwork, friendships, and classmates.
4. Tell my parents or teachers if any bullying has occurred.

By signing below, we, the parents and student, agree to stand by the above pledges and to do our part in preventing bullying at Dayspring Christian Academy.

Parent Signature

Parent Printed Name

Date

Student Signature

Student Printed Name

Date



DCA's Mission, Purpose, Statement of Faith, Philosophy and Positional Statement

Dayspring Christian Academy (DCA) is a decidedly Christian school. To this end, it is vital that students and parents understand what our foundational beliefs are, which are found in the **Parent-Student Handbook**.

I have read, understand, and agree to support DCA's mission, purpose, statement of faith, and positional statement that are found in the **Parent-Student Handbook**.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

DCA's Student Code of Conduct /Discipline, Dress Code & Academic Policies

I have read the Student Conduct and Discipline, Dress Code, and Academic Policies section of the **Parent-Student Handbook**.

I have read and understand these sections and agree to support and abide by them.

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Medical Policies

I have read and understand the Medical Information section in the **Parent-Student Handbook** and agree to support and abide by them.

Father's Signature: _____

Date: _____

Mother's Signature: _____

Date: _____

Student's Signature: _____

Date: _____

Internet Access and Acceptable Use Policies

I have read and understand the Internet Access and Acceptable Use Policies section in the **Parent-Student Handbook** and agree to support and abide by them.

Father's Signature: _____

Date: _____

Mother's Signature: _____

Date: _____

Student's Signature: _____

Date: _____



DAYSPRING
CHRISTIAN ACADEMY

Publishing Consent Form

I (DCA parent) understand that enrollment of my child at Dayspring Christian Academy includes permission to publish images of my child in the school's annual yearbook.

Dayspring Christian Academy includes photos of "student life" such as chapel programs, field trips, academic and athletic competitions, service projects, as well as displays exemplary student work like art, poetry, student interviews, etc. on the DCA website, on FACTS SIS, in the DCA newsletter, and other school promotional brochures or materials, and occasionally in local media print and electronic publications. DCA WILL ALWAYS TAKE GREAT CARE TO PROTECT STUDENTS AND WILL ONLY USE IMAGES IN A REASONABLE AND SAFE MANNER.

Parents who do not wish to have their student's image used must understand that their student will NOT be able to be in photos or videos taken at any DCA events; including field trips, athletic events, school camps and retreats, field day, chapel programs, and will not be included in photos used for any school purpose or publications.

Parents who do not wish to have their child's name, picture, written work, voice, verbal statements, portraits (video and still) appear in the school publications, local publications, Christian media publications, including electronic publications, must NOTIFY THE SCHOOL ADMINISTRATOR IN WRITING PRIOR TO THE FIRST DAY OF THE SCHOOL YEAR, as well as completing this form. Should I decide to revoke that consent, it will be my responsibility to contact the office in writing.

I give permission to Dayspring Christian Academy to use images and works of my child/children for promotional material. I understand that DCA owns all rights to all images. No monetary compensation will be given to any student or family for the use of images or works of their student. I release all claims against DCA with respect to copyright ownership and publication including any claim for compensation related to use of material.

Printed Name of Parent/Guardian

Printed Name of Parent/Guardian

Signature of Parent Guardian

Signature of Parent Guardian

Date _____

Date _____

If you refuse, please sign above and then check this box:

If refused, are they allowed to be pictured in the yearbook?: Y N

Emergency Contact (EC) and Student Pick-Up (PU) Form

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Please list the driver(s) that your child/children may ride to and/or from school with. Should you wish your child/children to ride with someone not on the designated list, you must inform the school office prior to the child/children being picked up. If the school office is not informed, the student will not be permitted to leave with the non-designated driver.

Please check if Emergency Contact (EC), Pick-up (PU) or both

EC	PU	First name	Last name	Relation	Home Phone	Cell Phone	Work Phone

If applicable, please list any drivers who are never permitted to pick up your child/children.



2026-2027 DCA TUITION & FEES

APPLICATION FEE - A \$100 (non-refundable) application fee is required for all new student applicants. This fee applies to all new students, even if the family has other students currently enrolled at DCA.

ENROLLMENT FEE - An enrollment fee of \$200 (non-refundable) will be due for new students once the application and shadow day has been completed and approved by administration for enrollment.

RE-ENROLLMENT FEE - A re-enrollment fee of \$200 (non-refundable) will be due for returning students paying after March 1st. A discounted re-enrollment fee of \$100 (non-refundable), is offered if paid between January 1st and March 1st. Re-enrollment fees are required at the time of re-enrollment. Before the re-enrollment process can be completed, all prior year financial obligations must be paid in full and a new payment plan for the 2026-2027 school year must be selected.

2026-2027 Annual Tuition FACTS Link: <https://online.factsmgt.com/aide>

<u>Grade</u>	<u>Amount</u>	<u>Hours</u>
Preschool (3 days-M,W,F) Half Day	\$5,275	8:00 a.m. - 12:00 noon (After Care begins after 12:00 pm)
Preschool (3 days-M,W,F) Full Day	\$6,700	8:00 a.m. - 2:45 p.m.
Preschool (5 days) Half Day	\$7,425	8:00 a.m. - 12:00 noon
Preschool (5 days) Full Day	\$9,400	8:00 a.m. - 2:45 p.m.
Kindergarten to Grade 5	\$8,100	8:00 a.m. - 2:45 p.m.
Grades 6-8	\$8,650	8:00 a.m. - 2:45 p.m.
Grades 9-12	\$8,925	8:00 a.m. - 2:45 p.m.

Family Discount- Multi-Student discounts may apply.

TUITION PAYMENT OPTIONS - *(Choice must be marked on page 11, or forms will not be honored or accepted.)*

• **FULL PAYMENT PLAN:** An additional discount of \$200 per student will be granted for full prepayments on or before August 20th for grades Preschool to 12th. **There will be no exception to the pre-payment due date.** Payment is to be made directly to DCA. (See Payment Methods below)

• **TWO PAYMENT PLAN:** Half of the total tuition is due by August 20th. The remaining half is due by January 1st. Failure to make the payment on time will result in a payment plan via FACTS. The prepayment discount for this option is \$100.00. The discount is applied in half increments after the payments are made.

• **BUDGET PLAN:** A ten-month automatic withdrawal payment plan is required through FACTS Tuition Management Company. Payments run from August through May, due every 20th day of the month. **There will be no exception to the schedule.** Monthly auto withdrawals are made via a bank account auto draft or credit card.

• **PAYMENT METHODS:** Cash, Check, Credit Cards and online Bank Account. If using a Credit/Debit Card, a 3.05% processing fee will be applied. Payments can be made directly at the DCA office, or online free of charge at www.Dayspring-Academy.org in the “Give” section with a Credit/Debit Card or Bank Account.

****ALL TUITION PAYMENTS (no matter which plan you are using):** The 1st payment is **Due** by the first day of school or no later than the 20th of the preceding month, whichever comes first.**

AFTER CARE PROGRAM (Optional)

After Care rates will be \$20/hour for each student, or in increments of 15 minutes at \$5.00. After 6:00 p.m. the fee will be \$10.00 for every 15 minutes. This amount will be automatically applied to your FACTS account. We offer a discounted yearly Morning/Aftercare program rate of \$4,000 if paid in full.

(165 full days of school with 3 hours of aftercare, plus the 173 school days with 0.5 hours of morning care x \$20/hour= \$11,630 approx. projection 25/26)

MORNING CARE (Optional)

Any student who enters the building before 7:30 a.m. will be enrolled in Morning Care. The fee for Morning Care is \$10.00 per student, and this fee will be automatically applied to your FACTS tuition account.

IMPORTANT! PLEASE READ THROUGH AND ONLY SIGN ONCE YOU HAVE READ AND UNDERSTOOD THIS POLICY.



STATEMENT OF FINANCIAL POLICY (Preschool-12th Grade)

Family Name (please print): _____

Tuition

DCA tuition is collected through FACTS Tuition Management Company. All enrolled families are required to create a FACTS account through their family portal. Tuition and all other fees and school expenses will be collected through FACTS every 20th of the month; starting **August 20th through May with no exceptions**. Please do not send tuition payments to school with your child.

Dayspring Christian Academy makes financial and employment decisions based on anticipated enrollment. When a family withdraws anytime after completing enrollment and prior to the end of the school year, it causes a hardship on the school. Once a non-exemption withdrawal has occurred, whether it is the decision of the school or the parent, transcripts will not be released until the remainder of the tuition owed for the year has been paid in full. Administration will not be able to grant any exceptions to this policy.

Date of withdrawal:

July 1 – August 21	Amount due: 25% of annual tuition and fees
August 22 – December 18	Amount due: 50% of annual tuition and fees
After December 18	100% of annual tuition and fees

Tuition costs subject to change with early withdrawals or late enrollment. Tuition costs for students enrolling after the school year has begun will have payments based upon the quarter in which they enrolled.

Tuition Payment Options

DCA offers three tuition payment options. 1). The first is a pre-pay, **full payment plan** option. Pre-payments must be made by August 20th, in order to receive the discount, no exceptions or extensions will be made. 2). The second option is a **two payment plan** (½ and ½ payment) option; The first half of the full tuition is due by August 20", at which point half of the total discount will be credited. The second half of the total tuition is due by January 1s, at which point the remaining half of the discount will be credited. If the second payment is not made by the 15th, the remaining total amount due will be divided evenly over the next five months through the automated monthly payment plan through FACTS (Due every 20th thereafter). 3). The third option is the **budget plan**, in which the total tuition will be divided over a ten month period with 10 even monthly payments, with the first payment due by August 20th, 2026 and the last by May 20th, 2027. ****ALL TUITION PAYMENTS (no matter which plan you are using):** The 1st payment is **Due** by the first day of school or no later than the 20th of the preceding month, whichever comes first.**

Tuition Assistance

Dayspring Christian Academy (DCA) may offer tuition assistance for qualified DCA families grades Pre-K to 12. Tuition assistance is awarded on a family's financial needs basis. Tuition assistance is limited, and there are no guarantees implied.

The process of determining tuition assistance that is needed, and thus the amount awarded, is determined by the business administrator with the finance committee using recommendations by FACTS Tuition Management Company; such funds must be offset with the assigned volunteer hours through a signed contract. Tuition assistance applications can be obtained and filled out on the FACTS website at <https://online.factsmgt.com/aid>

Fees

All fees (application, enrollment, athletics, field trips, etc.) are non-refundable and non-transferable. No exceptions will be made.

Morning/Aftercare Fees

Morning care, After/extended care fees are billed monthly. Parents are to check their balance via FACTS. Payments are due by the 20th of the month and processed through the FACTS Automated Tuition Management unless paid in advance manually.

Hot Lunch (we are actively working on this- we will keep you informed of all developments)

Hot lunches are ordered and prepaid a week ahead via the FACTS Family Portal and cost \$5/lunch. Payments are processed through FACTS. We do not make changes or give credit if a child is absent on the day he/she has ordered lunch; that lunch is forfeited except in the case of a school cancellation for any reason. Lunch cannot be saved or sent home, including if the child leaves early.

Dress Down Day

Every Friday that is a regularly scheduled school day is a fundraiser for the school where students have the option to dress down (following the Parent-Student Handbook guidelines for dress code) for \$2 each Friday they dress down if they would like to participate- this is not required, it is optional if they would like to dress down or wear their uniform. They will be charged through FACTS, or you can pay for the year in advance through the DCA office.

Delinquency

If circumstances occur that force you to delay a payment, please call the school office one week, at the latest, in advance of the due date so that arrangements can be made. When a family account is 30 days overdue, a \$50 fee will be assessed per student. Contact with the school must be made at that point.

When a family account has reached 60 days in delinquency, and no arrangement for payment has been made and adhered to, the student(s) continued enrollment will be in jeopardy. (Please see next page or parent handbook for details)

Early Withdrawal

All student withdrawals must be processed through the school office as follows:

- Two weeks advance notice of any student withdrawal is required before the semester starts
- Completion of a transfer request form
- Payment of all tuition and other financial debts
- Payments will be prorated – see schedule on page 9 (first page of financial policy)
- Forfeiture of and complete repayment of tuition assistance

Fundraising

Dayspring Christian Academy (DCA) endeavors to keep tuition rates affordable for the benefit of each parent. For this reason, DCA operates several fund-raising programs and anticipates each parent's participation in assisting the school in raising the additional funds needed. DCA is a non-profit organization and maintains a tax-exempt status.

Every family is expected to pay tuition on time. Meeting financial responsibilities on time is part of Christian stewardship. The school's expenses are incurred on an annual basis, with the hiring of teachers and staff predetermined, **based upon your enrollment and agreement to fulfill your financial obligation.**

- Tuition balances must be **paid in full on a monthly basis by the 20th**, that includes all tuition and all non-FACTS paid fees (i.e. athletic fees, lunch fees, after school care, etc.).
- After a student's enrollment is completed, should a student withdraw for any reason (including administrative withdrawal) prior to the end of a semester, the tuition obligation policy for the entire semester will be enforced. Unless your student is withdrawn for a reason stated in the Early Withdrawal section (previous page) and Student Handbook. Submitting a two week notice ahead of starting the semester is key to releasing you from the semester's financial responsibility.
- Our policy states that no grades, transcripts, or report cards will be accessible/issued/released if tuition payments and fees are not up to date for current students and paid in full for former or non-current students. Non-current students include students who are being withdrawn from DCA by the parents or by the school's decision. In addition, students might not be allowed to participate in any extracurricular activities; and may not be permitted to participate in the graduation ceremonies if money is owed to the school.
- After 30 days of delinquency, a \$50 per student late fee is assessed on your account.
- Our Tuition and Fee Schedule Agreement states: If an account is past due beyond 60 days, a student will not be allowed to attend classes until the account is current or agreement has been reached with the Business Office.
- If you have unpaid fees or tuition at the end of the school year, you will receive a June statement for final payment to be submitted and received before the **30th** of June. Failure to have the account paid by this date may affect future enrollment.

In signing and submitting this enrollment form, I agree to pay in full all tuition and fees. I further acknowledge that I agree to reimburse Dayspring Christian Academy all incurred fees, all costs and expenses; including any assessments.

I have read and understand the provisions set forth in the *Dayspring Christian Academy Statement of Financial Policy*. I understand that my obligation to make tuition payments in full, when due, is unconditional. I understand that if my account becomes 60 days delinquent, my child(ren) will not be allowed to attend classes or participate in extracurricular activities or graduation ceremonies until the account is paid up-to-date. I agree to abide by the terms and conditions stated in these documents and fulfill my responsibility as stated in both.

Last Updated December 2025

Student/Grade: _____ Student/Grade: _____ Student/Grade: _____ Student/Grade: _____

Financially Responsible Party/Relationship (Print name/Relationship) Financially Responsible Party/Relationship (Print name/Relationship)

Signature/Date

Signature/Date



**YOU MUST CHECK THE PAYMENT PLAN YOU ARE SELECTING
ON FACTS WHEN SETTING UP YOUR 2026-2027 PAYMENT PLAN:**

Full Payment Plan: Two Payment Plan: Budget Plan:



Dayspring Christian Academy

Parent Volunteer Declaration of Moral Integrity

I/we, _____ and _____, desire to serve as a volunteer at Dayspring Christian Academy. I/we recognize, understand, and agree to abide by the policies and procedure of the school and act as a Christian role model(s).

I/we further declare that with regard to my/our personal moral character and conduct as a Christian role model that I/we have not, nor will I/we engage in inappropriate conduct, nor do I/we have inclinations toward such conduct that would violate Scripture and invalidate my example as a Christian role model. Inappropriate conduct includes, but is not limited to, such behaviors as the following: involvement with pornography, homosexual inclinations or actions, sexual abuse or improprieties toward minors as defined by Scripture and the Commonwealth of Massachusetts State Law, or any other illegal activity.

I/we do declare that the above statement is factual and true. By affixing my/our signature(s), I/we declare that I/we meet the moral integrity standards and Christian role model lifestyle requirements of Dayspring Christian Academy and give permission for Dayspring Christian Academy to conduct a criminal background check on me/us. Dayspring Christian Academy will do criminal background checks ONLY on parents/guardians volunteering directly with children (as recommended by the state of Massachusetts, ACTS, and ACSI).

Mother's/Guardian's Legal Name Social Security # Date of Birth

Signature _____ Date _____

Father's/Guardian's Legal Name Social Security # Date of Birth

Signature _____ Date _____

PTO (Previously “Helping Hands”)
DCA Parent Volunteer Group

PTO is an active and fun volunteer program that ministers to the needs of Dayspring Christian Academy. Parent volunteers are critical for DCA to run efficiently and to create a family atmosphere for all who are a part of the school. Volunteering is a great way to get to know students, staff, and other DCA families. Below you will find various ways that you can connect and serve. You may be contacted throughout the year to assist in the areas that you select as an area of interest. Thank you for being a blessing to the Dayspring family through your volunteer efforts. As you serve, you will find that you will be blessed as well.

My child/children will be enrolled in the following grades for the coming year:
(Please circle all that apply.)

P3 P4 K 1 2 3 4 5 6 7 8 9 10 11 12

Please select all areas that you have an interest, talent or experience in.

Special Events: (Ex: Back to School Night, Preview Night, Field Day, etc.)

Event planning Providing Meals/Baked Goods Room Parent

Fundraising Set Up/Clean Up Room Parent Coordinator

Marketing & Development:

DCA Newsletter Production Advertising Team

Fundraising Events Preparations for Back to School School Pictures

Public Relations Alumni Association Grant Writing Office Assistance

Staff & Faculty Assistance:

Library Assistance Facility and Grounds Projects Substitute Teaching

Teacher/Staff Appreciation Efforts I will pray for the faculty and staff

I commit to pray for DCA

I have experience/talent/business that I would be willing to share at DCA. That is:

In an effort to faithfully follow Christ’s model servanthood leadership, I will actively serve and support the school as a parent volunteer.

Name

E-mail Address

Phone Number

FACTS Family Portal

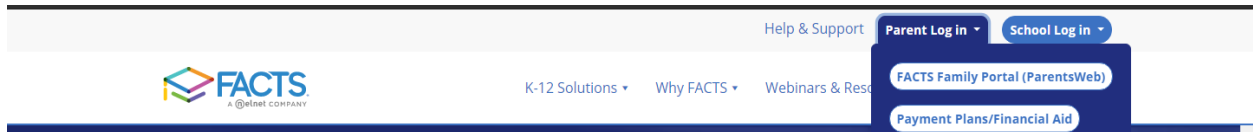
Check grades and connect with your school with FACTS Family Portal (formerly ParentsWeb)

FACTS provides the technology and communication so that you can connect with your student and school easily and on your schedule. Check grades and stay in the know on everything going on at your school with FACTS Family Portal.

Go To: **factsmgt.com**

First: Click **Parent Log in**

Next: Click **FACTS Family Portal (ParentsWeb)**



First time users will need to create a new account.

Please note: You must use the same email address that you provided to the school. FACTS will send you an email with a link (good for 6 hours) to set up your own username and password.

Return to this Login screen each time to access your student's information.

A screenshot of the ParentsWeb Login screen. At the top left is the FACTS logo. Below it is the title 'ParentsWeb Login'. There are four input fields: 'District Code:' with 'DA-MA' entered, 'User Name:', 'Password (case-sensitive):', and a link 'Forgot User Name/Password?'. At the bottom, there are three radio buttons labeled 'Parent', 'Student', and 'Staff'. The 'Parent' radio button is selected.

District Code: **DA-MA**

Username: The one you created or your student's account (given to them at school)

Password (case sensitive): The one you created or your student's account (given to them at school)

IMPORTANT: Make sure you select **Parent** OR **Student** before clicking Login. (Each account is different.)

You have five invalid attempts before you are locked out, and the school will need to reset your account.

Should you need help setting up your account, feel free to contact FACTS customer service : 866-441-4637

For Parent Information Only - DO NOT RETURN

REQUIRED MEDICAL RECORD INFORMATION FOR DAYCARE – GRADE 12 STUDENTS

The following medical records are **due by August 1** to assure entry to school in the fall.

Your child will not be permitted to begin the school year until ALL medical records are up to date.

Please be advised that we follow the rules for vaccine requirements in Massachusetts even if you live in RI. The public health nurse in Attleboro is available to administer required vaccines free of charge, if it is unavailable from your doctor. If you are in need of these services, call: (508)223-2222.

If your child is new to Dayspring, at any grade level, a copy of the following must be submitted:

- A current physical exam: Remember to submit whenever you have a new exam.
- Up-to-date immunization records
- An official copy of a birth certificate

 A current record of a lead test date for Daycare (1 y/o), Preschool, and Kindergarten students

If your child is participating in a Dayspring Contact Sports Program, you must submit the following:

- Assumption of Risk Form
- Sports Candidate Form
- Physical Exam (with a statement from his/her physician that your child may participate in contact sports)
- A Massachusetts Pre-participation Head Injury/Concussion Reporting Form

If your child is entering 7th grade, you must submit the following:

- 2 doses MMR
- 3 doses Hep B vaccine
- 4 doses Polio vaccine
- Proof of 2 Varicella Vaccines or evidence of having had the Chickenpox
- Proof of a Tdap (adult tetanus/pertussis booster) *administered prior to 7 grade
- 1 dose of MenACWY * administered prior to 7 – 9 grades

If your child is entering 9-12th grade, your child should have had the following:

- Tdap shot (adult tetanus/pertussis booster)
- 2 Varicella Vaccines or evidence of having had the Chickenpox
- 4 doses of Polio vaccine
- 3 Doses of Hepatitis B
- 2 Doses of MMR
- 11 - 12 grade 2 doses of MenACWY received on or after 16 years of age

Please remember students may **NEVER** carry any medications of any type into the school building (Any exceptions must be arranged with the school nurse in advance). Medications must ALWAYS be delivered to the office by a parent with the appropriate permission forms on file in the nurse's office. In most cases, a physician's permission will be required as well, particularly for prescribed medications.

Both the MEDICATION PROTOCOL FORM and the *MEDICATION/EMERGENCY CARE FORM must be completed and submitted by August 1st. Both of these forms must be filled out for each student every year. Copies of all medical forms are available in the school office or from the nurse. If you anticipate that your child will need an over-the-counter medication during the school year on a regular basis, you will need to provide the medication (in its original container). Medications are only administered according to the above guidelines unless an emergency arises.

If your child has a medication that will need to be administered during the school day or requires an emergency medication such as an epi-pen or inhaler, please have the necessary forms (available in the school office) filled out by your physician over the summer, and personally bring the medication to the nurse at the start of the school year. One form per medication is required by law. Be sure to check all expiration dates on medications prior to bringing them.

All medications must be picked up the last week of school. They will be held for one week after school ends before being discarded. Thank you for your immediate attention and prompt response to these matters. Please keep this page for your future reference.

Dayspring Christian Academy

MEDICATION PROTOCOL-YEARLY REQUIRED FORM FOR EACH STUDENT

The school nurse has written a doctor's order for the administration of the medications listed below. If you would like your child to have permission to receive these medications, when necessary, please initial medications below and sign where indicated: Permission must be renewed in writing every year. Consent may be withdrawn at any time by contacting the nurse's office. All medications must be brought to the nurse's office by a parent and proper paperwork must be filled out. This protocol covers only the medication listed below.

A SEPARATE FORM MUST BE FILLED OUT FOR EACH STUDENT. This form must be fully completed.

STUDENT NAME: _____ DOB: _____ GRADE: _____

I give the school nurse permission to administer the following:

* Ibuprofen (Motrin) _____ *Tylenol (acetaminophen) _____ Calamine lotion _____ Cough drops _____

Bacitracin Ointment _____ *Benadryl (Diphenhydramine Hydrochloride) _____

Epinephrine in an emergency _____ All of the above _____ None of the above _____

Father's Name _____ Work phone _____ Email: _____

Mother's Name _____ Work phone _____ Email: _____

Mother's cell #: _____ Father's cell #: _____ Home #: _____

Address _____ City/State _____

Please list all medications your child is currently taking: _____

Please list all known allergies your child has: _____

Medical Concerns including any recent illness or surgery? _____

Student's Physician Name _____ Phone _____

Name/ID No. of Health Insurance Co. _____

Name/ID No. of Dental Insurance Co. _____

I give permission for the school nurse to administer the above medication(s) and to share relevant medical concerns with appropriate staff if needed (including bus and food service personnel).

Father's signature: _____ Date: _____

Mother's signature: _____ Date: _____

MEDICATION AND EMERGENCY CARE FORM

NO MEDICATION WILL BE GIVEN WITHOUT WRITTEN CONSENT ON FILE.
ALL MEDICATIONS WILL BE ADMINISTERED AT THE SCHOOL NURSE'S DISCRETION.
(This Form **MUST BE** returned with your enrollment forms.)

Dayspring Christian Academy Medication/Emergency Care Policy

The protocols below will be followed to administer medication to students during the school day:

1. Medication of any kind may NEVER be brought to school with the student. Any medication **must** be brought to school **by the parent or guardian in its original container**. Written permission and instructions for administration from a physician must accompany medication. Physician's order forms are available from the nurse and must be completed and signed before medication is administered. **Inhalers are to be kept in the nurse's office** (unless a specific agreement has been made between the parent, school, and physician). Dayspring Christian Academy will always make every effort to administer all medications according to a physician's order. If the medication schedule can be structured around the school day, we would ask that this accommodation be made. If students will be off campus (field trip, athletic event, etc.), parents should arrange with the school nurse, in advance, the plan to administer the medication. **This includes non-prescription, over-the-counter medications. All medications not included on the checklist provided need parent permission and a physician's order.**
2. If there is an unexpected need for medication (Tylenol, benadryl, epinephrine, etc.) and written permission is not on file, every effort will be made to contact the parent for consent before a medicine is administered. If the parent is unable to be reached, medicine will be given according to the school nurse's discretion.
3. List all medicines below that the child takes daily. List any adverse reactions with over-the-counter medicines, such as Tylenol or children's Ibuprofen.
4. It is the parent's responsibility to keep school medical records current. If there is a change in daily medicines, contact the school nurse immediately in writing.
5. If your child has an injury or serious illness requiring a visit to an Urgent Care, a hospital, and/or a physician, please submit documentation of the visit and any restrictions or releases (re: activity/gym/academics) on the day they return to school, including any special instructions, (i.e. medical, emotional, etc.).

I hereby authorize Dayspring Christian Academy to arrange for medical examination and/or treatment of my child, _____, should an emergency arise at school or any school activity. It is understood that a conscientious effort will be made by the school to contact me at the emergency numbers I have provided before any medical action is taken. In case of emergency, 911 will be called. The choice of hospital may be limited by the service. If the nurse is present and determines the child is in anaphylactic shock, she will administer epinephrine until the EMTs arrive.

Emergency Medical History and Allergies:

My child has the following medical conditions: _____

Name medications that child is currently taking: _____

List all allergies to medications, food, environmental, other: _____

Type of reaction: _____

Usual course of action: _____

A copy of this form and other forms such as Health Care Emergency Action Plan may be sent with your child to the ER if available for purposes of communication of parent information and child's pertinent medical history.

I understand and will adhere to the Dayspring Christian Academy Medication/Emergency Care Policy

Guardian/Father's signature: _____ Date: _____

Guardian/Mother's signature: _____ Date: _____