



## 2025-2026 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 2025-2026

**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 _____
<b>WORK INFORMATION</b>	<b>WORK INFORMATION</b>
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**  
**Registration fee to secure placement - \$150.00**  
**Returning children discounted re-enrollment fee**  
**(before August 1<sup>st</sup>) - \$75.00**  
**Returning children discounted re-enrollment fee**  
**(after August 1<sup>st</sup>) - \$150.00**



## 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@dayspringaq.org](mailto:daycairedirector@dayspringaq.org))***

**<https://dayspring-academy.org/daycare/> . [daycairedirector@dayspringaq.org](mailto:daycairedirector@dayspringaq.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: \_\_\_\_\_

=====

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: \_\_\_\_\_