

Dayspring Christian Academy

Bright Horizons Program
2011-2012 Registration Form

Student Name: _____
(Last Name) (First Name)

Parents Name: _____
(Last Name) (Mother) (Father)

Address: _____

City _____ State _____ Zip Code _____

Home Phone Number _____ Work Phone _____

Cell Phone Number _____

Student Information:

Date of Birth _____ Current Grade Level _____

Diagnosis: Use a separate sheet if needed

Is your child currently taking any medicine? Yes _____ No _____

If yes, list the kind of medication. _____

Registration Fee (non-refundable)

**First-time registration \$130.00

**Re-enrollment registration \$65.00

Therapy Fee (in addition to the student's regular tuition)

Students \$4,440.00 for the five day a week program

This program may be pro-rated to enable students to attend anywhere from one day per week to five days per week. The cost for one day per week for the school year of 2011-2012 is \$864.00. The students will attend Dayspring Christian Academy from 8:00 a.m. till 10:00 a.m.

OFFICE USE ONLY

Starting date: _____

Special Needs Personnel notified: _____

Registration Payment Received: _____

Tuition will be paid: with Monthly _____ In Full _____