

Dayspring Christian Academy

LEARNING RESOURCE ROOM
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 _____

Student Information:

Date of Birth _____ Current Grade Level _____

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

If yes, list the kind of medication and diagnosis. _____

Resource Room will run from September through May

Registration Fee (non-refundable)

**First-time registration \$130.00

**Re-enrollment registration \$65.00

Resource Room service requested

- Option I = one session per week _____ (\$516.00)
- Option II = two sessions per week _____ (\$828.00)
- Option III = three sessions per week _____ (\$1,140.00)
- Option IV = four sessions per week _____ (\$1,440.00)
- Option V = five sessions per week _____ (\$1,752.00)

Billing options:

1. With tuition _____
2. Pay in Full _____

OFFICE USE ONLY

Starting date: _____

Special Needs Personnel notified: _____

Registration Payment Received: _____

LRR Payment will be paid: With Tuition _____ In Full _____