

**Dayspring Christian Academy**

**NILD THERAPY**  
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 \_\_\_\_\_ # of NILD therapy years completed \_\_\_\_\_

Is your child currently taking any medicine? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list the kind of medication and diagnosis. \_\_\_\_\_

**N.I.L.D. Therapy (September through April for therapy May is designated for testing)**

Registration Fee (non-refundable)  
\*\*First-time registration \$130.00  
\*\*Re-enrollment registration \$65.00

**Therapy Fee** (in addition to the student's regular tuition)  
\*\*Dayspring Students \$4,320.00  
\*\*Other Students \$4,872.00

**NILD service requested**

NILD I = two 80 minute sessions per week \_\_\_\_\_  
NILD II = two 40 minute sessions per week \_\_\_\_\_  
NILD III = transition therapy offered for students graduated from NILD therapy \_\_\_\_\_

- Billing options:
1. With tuition \_\_\_\_\_
  2. Pay in Full \_\_\_\_\_

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**OFFICE USE ONLY**  
Starting date: \_\_\_\_\_  
NILD Personnel notified: \_\_\_\_\_  
Registration Payment Received: \_\_\_\_\_  
NILD Payment will be paid: with Tuition \_\_\_\_\_ In Full \_\_\_\_\_