

Dayspring Christian Academy

Search and Teach
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 and diagnosis _____

The cost is \$20.00 per session with two-30 minute session per week. The average sessions per month are seven.

The first month's fee of \$140.00 is due before therapy session can begin.

Subsequent billing will occur at the beginning of each month.

FOR THE GUIDANCE OFFICE ONLY

Search Score _____

Therapy focus description: _____

OFFICE USE ONLY

Starting date: _____

Special Needs Personnel notified: _____

Registration Payment Received: _____

Search and Teach Payment will be paid: with Tuition _____ In Full _____