



DAYSPRING

CHRISTIAN ACADEMY

Daycare at Dayspring Enrollment Agreement Form

Date: _____

Child's Name: _____ Date of Birth _____

Enrollment:

Full-time Mon - Fri

Hours: from _____ to _____

Part-time (check days)
(2 to 4 days)

Mon__ Tues__ Wed__ Thurs__ Fri__

Hours: from _____ to _____

Parent or Guardian's signature: _____

Please note:

Tuition is processed monthly and will cover holidays, vacations, absences and any school closings. Your child may only attend daycare on the dates and times selected above. Should you desire to change enrollment status please contact the director for an enrollment status change form. Please see Parent Handbook for additional details. Tuition is due the first day of the week that your child attends.

For director's use only:

Weekly Tuition Rate: _____ Start Date: _____

Enrollment status: Full time, Part time, Extended

Director's Signature: _____

Comments:
