



Interest Form

Thank you for your interest in enrolling your child in DAYCARE AT DAYSPRING. The application process and reserving a slot on our interest list is free of charge.

So that we might match your child with an opening that best meets their needs and your schedule, we ask that the following information be supplied. Upon completion, please direct this form to our office at Daycare at Dayspring, at Dayspring 1052 Newport Ave, South Attleboro, MA 02703. We will call as soon as possible to confirm receipt and discuss possible openings for your child. There is a \$150.00 registration fee upon enrollment.

Date: _____

Child's Name: _____ Date of Birth _____

Child's Address: _____

Home Phone #: () _____

Desired Enrollment:

Full-time Mon - Fri

Hours: from _____ to _____

Part-time (check preferred days)
(2 or 3 days)

Mon__ Tues__ Wed__ Thurs__ Fri__

Hours: from _____ to _____

Parent or guardian information

Fathers Name: _____

Work Phone Number: _____ Cell: _____

E-mail: _____

Mothers Name: _____

Work Phone Number: _____ Cell: _____

E-mail: _____

Approximate enrollment date: _____ Child's age at enrollment time: _____