

PLEASE  
ATTACH  
RECENT  
PHOTO

*Office Use Only*  
Date of Application \_\_\_\_\_  
Application Fee \_\_\_\_\_  
Interviewed: Yes \_\_\_ NO \_\_\_  
Accepted: Yes \_\_\_ NO \_\_\_



# DAYSPRING

CHRISTIAN ACADEMY

## PRESCHOOL Application for School Year 2019-2020

Please circle grade: **Pre-K3** **Pre-K4**

If enrolling for Pre-K3 or Pre-K4, please indicate which of the following options you are interested in.  
3 days (M,W,F): \_\_\_ ½ Day \_\_\_ Full Day **OR** 5days: \_\_\_ ½ Day \_\_\_ Full Day

Student's Legal Name \_\_\_\_\_  
first middle last

Address \_\_\_\_\_  
street city state zip code

Phone (\_\_\_\_) \_\_\_\_\_ Sex \_\_\_\_ Date of Birth \_\_\_\_\_ Social Security \_\_\_\_\_

Current School \_\_\_\_\_

Address \_\_\_\_\_  
street city state zip code

How did you hear about DCA? Friend  Social Media  Sign  Church  Other

Did a family member or friend from Dayspring Christian Academy refer you? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, who? \_\_\_\_\_

### FATHER / STEP-FATHER / GUARDIAN (please circle)

Name \_\_\_\_\_ Living with child? \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

### MOTHER / STEP-MOTHER / GUARDIAN (please circle)

Name \_\_\_\_\_ Living with child? \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

**OTHER CHILDREN UNDER 18 YEARS OF AGE LIVING WITH FAMILY**

Name	Age	School Attending	Grade	Do you plan to enroll these children? (yes, no, maybe)
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Please make a full statement as to why you want to enroll your child at DCA:

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**SCHOOL**

How and why do you believe your child would be an asset to DCA and its student body?

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Check at what level your child is working. Honors or Gifted/Talented) \_\_\_\_\_  
Above grade level \_\_\_\_\_ At grade level \_\_\_\_\_ Below grade level \_\_\_\_\_

Does your child have any diagnosed/documentated learning difficulties? \_\_\_\_ Yes\* \_\_\_\_ No

If yes, please comment on the diagnosis, date of documentation, and treatment:

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**\*Note: Medication or educational documentation must be provided.**

**Please see handbook for details about our policy on medication and documented learning differences.**

Does your child require any special accommodations for a learning disability, developmental delay, physical disability, etc.? \_\_\_\_ Yes \_\_\_\_ No

If yes, please comment: \_\_\_\_\_

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Other than as noted above, has your child demonstrated problems with reading comprehension, attention/focus, social skills, organization, memorization, or doing homework? \_\_\_\_ Yes \_\_\_\_ No If yes, please comment:

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Does your child take any medications regularly that influence behavior or learning during school?

Yes  No If yes, please comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child ever been retained a grade level, suspended, expelled, or asked to withdraw from a school?

Yes  No If yes, please comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child presently in good standing (eligible for re-admission) with the school he/she last attended?

Yes  No  If no, please comment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are any financial or other obligations still owed to a previous school?  Yes  No If no, please comment: \_\_\_\_\_  
\_\_\_\_\_

Have you given a reference form to a previous classroom teacher to be sent to DCA?  Yes  No

Does your child want to attend DCA?  Yes  No If no, please comment as to why not: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you agree as parent(s) to support all of the policies and standards of DCA as long as your child is enrolled here?  Yes\*  No Comments: \_\_\_\_\_  
\_\_\_\_\_

- \* Please carefully read through the Parent/Student Handbook
- \* Having a Christian testimony/background does not automatically guarantee admission
- \* A lack of a Christian testimony/background does not automatically disqualify a family from admission into DCA
- \* Each family will be given prayerful consideration for admittance

### **CHRISTIAN BACKGROUND**

**Personal Testimony** Father: On the form provided, please give your personal Christian testimony of a salvation experience, as applicable.

Mother: On the form provided, please give your personal Christian testimony of a salvation experience, as applicable.

**Bible**

Do you believe the Bible to be the ONLY inspired and infallible Word of God, our final authority in all matters of faith, truth and conduct?

\_\_\_\_ Yes \_\_\_\_ No Signature: \_\_\_\_\_  
Father

\_\_\_\_ Yes \_\_\_\_ No Signature: \_\_\_\_\_  
Mother

**DCA  
Positional  
Foundation**

Please carefully read the DCA Positional Foundation and indicate below your degree of support.

\_\_\_\_ I fully support the DCA Positional Foundation as written without mental reservations.

\_\_\_\_ I support the DCA Positional Foundation except for the area(s) listed and explained on a separate paper. The exceptions represent either disagreements or items for which I have not yet formed an opinion or conviction.

Signature: \_\_\_\_\_  
Father

Signature: \_\_\_\_\_  
Mother

**Church**

What is your denominational preference? \_\_\_\_\_

Name of your current local church affiliation: \_\_\_\_\_

Name of the Senior Pastor \_\_\_\_\_ Phone number \_\_\_\_\_

Are you presently an active member in good standing and regularly attending a local church?

Does your family support the local church you attend? (attendance, financially, etc.)

\_\_\_\_ Yes \_\_\_\_ No If not, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Father: \_\_\_\_ Yes, for \_\_\_\_ years \_\_\_\_ No

Mother: \_\_\_\_ Yes, for \_\_\_\_ years \_\_\_\_ No

In what church activities are your family involved in, and to what degree of regularity?

Please be specific: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Devotional  
Life**

Please describe your family's Bible study and prayer life: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILY**

Are you presently experiencing any difficulty managing your child at home?  Yes  No

If yes, please comment: \_\_\_\_\_

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What restrictions do you place on your child, socially and at home? \_\_\_\_\_

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Please describe the multi-media influences in your home. (TV, internet, cell phones, etc.) Include the amount of time your child spends on each item.

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Please place a check mark beside any of the following that apply to your child:

<input type="checkbox"/> Hyperactivity	<input type="checkbox"/> Vulgar Speech	<input type="checkbox"/> Violent Behavior	<input type="checkbox"/> Seizures
<input type="checkbox"/> Tantrums	<input type="checkbox"/> Frequent Headaches	<input type="checkbox"/> Aggressive Behavior	<input type="checkbox"/> Nervousness
<input type="checkbox"/> ADD	<input type="checkbox"/> ADHD	<input type="checkbox"/> Dishonesty	<input type="checkbox"/> Disrespectful Attitude

Please explain any that were checked:

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Describe your child's creative activities. (musical, artistic, literary, etc.):

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## Dayspring Christian Academy PASTOR REFERENCE FORM

Name of Church: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Pastor's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Pastor/Church Leader Giving Reference: \_\_\_\_\_

Individual's Position: \_\_\_\_\_ E-mail: \_\_\_\_\_

Your insight and knowledge of this student and family can assist us in determining his/her potential for success at Dayspring Christian Academy. \_\_\_\_\_ is applying for admission to DCA.

(Student's full name)

All information will be kept in strict confidence. Please return this form directly to:

**Dayspring Christian Academy \* 1052 Newport Ave. South Attleboro, MA 02703 \* Fax: (508) 761-3577**

<i>Please check the box that most applies</i>	<i>Always</i>	<i>Usually</i>	<i>Sometimes</i>	<i>Never</i>	<i>Unknown</i>
Student regularly attends worship services, Sunday School, children's programs, etc.					
Student demonstrates a Biblical Worldview, spiritual awareness, etc,					
Is there an apparent worldly influence in the student's life?					
Does the student exhibit rebellious or unruly behavior?					
Would you recommend the student to attend a Christian school?					

<i>Please check the box that most applies</i>	<i>Always</i>	<i>Usually</i>	<i>Sometimes</i>	<i>Never</i>	<i>Unknown</i>
Family regularly attends worship services, Sunday School, other church programs, etc.					
Parents actively support the church and its ministries					
Parents demonstrate a Biblical Worldview in the decision making process					
Is there an apparent worldly influence in the life of the parents/family?					
Do they maintain good relationships within the church?					

How long have you known this student? \_\_\_\_\_

How long have you known the student's family? \_\_\_\_\_

Do you see the child being a positive Christian influence here at DCA? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Unknown

Do you see the family being supportive of the school? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Unknown

Is there any further information we need to know about the family? If yes, please use the back to explain.

I \_\_\_\_ would \_\_\_\_ would not recommend this student for enrollment in Dayspring Christian Academy.

May DCA contact you for further explanation or with any additional questions concerning the child and or his/her family? \_\_\_\_ Yes \_\_\_\_ No

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# CLASSROOM TEACHER RECOMMENDATION FORM

## Pre- SCHOOL

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

\_\_\_\_\_ is applying for admission to Dayspring Christian Academy.  
 (Student's full name)

Your knowledge of this child's preparedness will assist us in determining his/her potential for success at DCA. All information will be kept in strict confidence. Please return this form directly to:

**Dayspring Christian Academy \* 1052 Newport Ave. South Attleboro, MA 02703 \* Fax: (508) 761-3577**

Please check the level of mastery the student has achieved in each of the following skill areas.

	Always	Usually	Sometimes	Never	N/A
Transitions from subject to subject well	_____	_____	_____	_____	_____
Completes in-class assignments	_____	_____	_____	_____	_____
Begins a task within an acceptable period of time	_____	_____	_____	_____	_____
Completes tasks independently	_____	_____	_____	_____	_____
Follows written directions	_____	_____	_____	_____	_____
Follows verbal directions	_____	_____	_____	_____	_____
Completes work commensurate with his/her abilities	_____	_____	_____	_____	_____
Exhibits good work habits	_____	_____	_____	_____	_____
Has a good attendance habit	_____	_____	_____	_____	_____
Sustains adequate attention in class and on assignments	_____	_____	_____	_____	_____
Is flexible and manages changes in a daily routine	_____	_____	_____	_____	_____
Responds adequately to verbal directions	_____	_____	_____	_____	_____
Responds adequately to non-verbal directions	_____	_____	_____	_____	_____
Copes adequately with auditory distractions	_____	_____	_____	_____	_____
Copes adequately with visual distractions	_____	_____	_____	_____	_____
Exhibits age appropriate activity level	_____	_____	_____	_____	_____
Asks for assistance when needed	_____	_____	_____	_____	_____
Exhibits a positive attitude	_____	_____	_____	_____	_____
Possesses adequate age-appropriate social skills	_____	_____	_____	_____	_____
Works well in a small group situation	_____	_____	_____	_____	_____
Respects the rights of others	_____	_____	_____	_____	_____
Habitually violates others' personal space	_____	_____	_____	_____	_____
Manages frustration and anger appropriately for age	_____	_____	_____	_____	_____
Responds well to correction	_____	_____	_____	_____	_____
Is able to take turns	_____	_____	_____	_____	_____
Rushes through in-class work	_____	_____	_____	_____	_____
Requires excessive attention from teacher	_____	_____	_____	_____	_____
Requires excessive attention from peers	_____	_____	_____	_____	_____

How long have you known this student? \_\_\_\_\_

Are the parents supportive? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown

Summarize any additional thoughts, observations, or comments about the student's behavior and academic ability. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I \_\_\_\_\_ would \_\_\_\_\_ would not recommend this student for enrollment to Dayspring Christian Academy.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_









## Authorization for Release of Records

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

Street City State Zip  
School Telephone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_

The following student is applying to Dayspring Christian Academy. Please send ALL of the following records:

- \_\_\_\_\_ All Academic Records / Transcript
- \_\_\_\_\_ Explanation of Grading System / School Profile
- \_\_\_\_\_ All Discipline Information
- \_\_\_\_\_ Discipline Records are attached
- \_\_\_\_\_ There are no Discipline Records on file for this student \_\_\_\_\_  
(Principal's signature)
- \_\_\_\_\_ Evaluative Records (Achievement testing, Psychological or other learning disability test results)
- \_\_\_\_\_ Attendance Records
- \_\_\_\_\_ Immunization / Health Records

Student's Name: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Street City State Zip  
Student's Birth Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

I hereby authorize the release of ALL requested records to Dayspring Christian Academy.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

Please fax or mail copies of all requested records to:

**Dayspring Christian Academy**  
**1052 Newport Ave.**  
**South Attleboro, MA 02703**  
**Phone: 508-761-5552**  
**Fax: 508-761-3577**

*Thank you for your cooperation in this matter!*