



P.O. Box SS-19006
 Ph. 393-1879
 Cell 816-5729

Student Application 2021/ 2022

Photo
of
Child

Please note the following application requirements:

1. All sections of this application **MUST** be completed
2. A recent photo of the child
3. A copy of the child's immunization record
4. A copy of the child's birth certificate / passport
5. \$100 registration fee (non-refundable)
6. \$100 seat fee (non-refundable) **accident insurance included
7. A signed parent agreement form (attached)
8. A completed medical examination report -both pages (attached)

For Office Use Only

Date admitted: _____
 Admitted to grade: _____
 Registration paid: []
 Seat fee paid: []
 One-time fee paid.: []

***** Applications will NOT be accepted unless they are returned completed with ALL of the items listed above.**

Child's name: _____ Sex: Male []
 Female []

Birthday: _____ Present age: _____
Month / day / year

Name of the person the child lives with: _____

Mother's name: _____

P.O. Box: _____ Home telephone: _____
 Street Address: _____
 Place of employment: _____ Email address: _____
 Work telephone: _____ Cell phone: _____

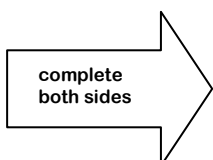
Father's name: _____

P.O. Box: _____ Home telephone: _____
 Street Address: _____
 Place of employment: _____ Email address: _____
 Work telephone: _____ Cell phone: _____

Name of alternative contact: _____

Relationship to child: _____ Home telephone: _____
 Place of employment: _____
 Work telephone: _____ Cell phone: _____

*** Please list the name of persons authorized by the parents to pick up the child from school. Your child will not be released to anyone other than those on this list unless we receive direct permission from you.



TO BE COMPLETED BY A PARENT OR GUARDIAN

Child's name _____ Date _____
 Age _____ Relationship to child _____

Please answer these questions about your child. Keep in mind how your child usually behaves. If you have seen your child do the behavior a few times, but he or she does not usually do it, then please answer **no**. Please circle **yes** or **no** for every question. Thank you very much.

- | | | |
|--|-----|----|
| 1. If you point at something across the room, does your child look at it?
(FOR EXAMPLE , if you point at a toy or an animal, does your child look at the toy or animal?) | Yes | No |
| 2. Have you ever wondered if your child might be deaf? | Yes | No |
| 3. Does your child play pretend or make-believe? (FOR EXAMPLE , pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?) | Yes | No |
| 4. Does your child like climbing on things? (FOR EXAMPLE , furniture, playground equipment, or stairs) | Yes | No |
| 5. Does your child make <u>unusual</u> finger movements near his or her eyes?
(FOR EXAMPLE , does your child wiggle his or her fingers close to his or her eyes?) | Yes | No |
| 6. Does your child point with one finger to ask for something or to get help?
(FOR EXAMPLE , pointing to a snack or toy that is out of reach) | Yes | No |
| 7. Does your child point with one finger to show you something interesting?
(FOR EXAMPLE , pointing to an airplane in the sky or a big truck in the road) | Yes | No |
| 8. Is your child interested in other children? (FOR EXAMPLE , does your child watch other children, smile at them, or go to them?) | Yes | No |
| 9. Does your child show you things by bringing them to you or holding them up for you to see – not to get help, but just to share? (FOR EXAMPLE , showing you a flower, a stuffed animal, or a toy truck) | Yes | No |
| 10. Does your child respond when you call his or her name? (FOR EXAMPLE , does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?) | Yes | No |
| 11. When you smile at your child, does he or she smile back at you? | Yes | No |
| 12. Does your child get upset by everyday noises? (FOR EXAMPLE , does your child scream or cry to noise such as a vacuum cleaner or loud music?) | Yes | No |
| 13. Does your child walk? | Yes | No |
| 14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her? | Yes | No |
| 15. Does your child try to copy what you do? (FOR EXAMPLE , wave bye-bye, clap, or make a funny noise when you do) | Yes | No |
| 16. If you turn your head to look at something, does your child look around to see what you are looking at? | Yes | No |
| 17. Does your child try to get you to watch him or her? (FOR EXAMPLE , does your child look at you for praise, or say "look" or "watch me"?) | Yes | No |
| 18. Does your child understand when you tell him or her to do something?
(FOR EXAMPLE , if you don't point, can your child understand "put the book on the chair" or "bring me the blanket"?) | Yes | No |
| 19. If something new happens, does your child look at your face to see how you feel about it?
(FOR EXAMPLE , if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?) | Yes | No |
| 20. Does your child like movement activities?
(FOR EXAMPLE , being swung or bounced on your knee) | Yes | No |

Permission slip



I hereby give permission for my child _____ to participate in activities which may occur off the DaySpring academy campus such as field trips and practice for school shows. I give permission for DaySpring Academy to take my child on field trips for the 2021/ 2022 academic school year. I understand that I will be notified one week prior to the field trip and I reserve the right to decline my child's attendance. I also give permission for my child to participate in indoor and outdoor activities at Dayspring academy. I am aware of, and assume all risks and hazards associated with activities while at school including transportation to and from field trips, playing on the playground and in the classrooms and do hereby waive, release and agree to hold harmless DaySpring and its staff volunteers and sponsors for any claims arising out of injury to my child or property damage that might occur. DaySpring Academy has permission to take my child to a physician / hospital to receive emergency treatment during the 2021/ 2022 school year. I understand that the school will contact me as to the location of the emergency treatment. Also I agree that any photographs taken by DaySpring Academy may be used for advertisement purposes on brochures and other literature distributed by DaySpring and on its website.

Parent's signature: _____

Date: _____

Email communication

DaySpring will send all letters announcements and other communication from the school to you through the email. Please provide the names and e-mail addresses of those parents and guardians who should receive announcements from the school.

*** At least one email address must accompany ALL Applications

PLEASE PRINT NEATLY & CLEARLY

_____ Name	_____ Email Address
_____ Name	_____ Email Address
_____ Name	_____ Email Address
_____ Name	_____ Email Address
_____ Name	_____ Email Address

It is VERY important that parents check their email inboxes EVERYDAY. DaySpring sends ALL updates, notifications, letters, and important school announcements by email.

complete
both sides

2021/2022

Child Care Agreement



The following agreement is made between:

DaySpring Academy - Pyfrom Rd. (Bar 20 Corner) Nassau, Bahamas

&

Parent's name: _____

Address: _____ Ph. _____

For the provision of education for:

Child's name: _____

The terms of the agreement are as follows:

Days & hours of operation: Monday to Friday 7:30am to 3pm

FEES: Term Tuition \$1100: ***please refer to the "tiered" fee description**

Fee Due dates: Friday, July 30th, 2021
Monday, December 6st, 2021
Monday, March 14st, 2022

Fees are due and are to be paid by the TERM directly to the bank in advance according to the payment schedule (above).

**** ALL fees paid to DaySpring are non-refundable & non-transferable.**

<p><u>Fees which are not paid by the due date are subject to a late fee of \$60.</u></p> <p>Parents may choose to make a financial agreement at the school if they are not able to pay the fees according to the term fee schedule.</p> <p><u>Financial arrangements MUST be requested BEFORE THE FEE DUE DATE!</u></p>	<p><u>Annual Academic Supply Fee:</u></p> <p><u>\$390 (Toddler - K3)</u></p> <p><u>\$450 (K4)</u></p> <p><u>\$500 (K5)</u></p> <p>**Paid once at the beginning of the year</p>
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The Parent agrees to abide by all of the policies in the parent hand book and school brochure.

The parents should supply these items: A nap mat & a towel for naptime, uniforms, extra snacks [& lunch if not purchased from the school], an extra change of clothing, classroom supplies listed in the parent handbook.

The school agrees to inform parents, in writing, of increases in fees, changes in policy, & unscheduled center closings that are not already on the school calendar. Notification will be given by the parent for vacation periods or extended absentee days during the school year.

The School fee is payable whether the child does or does not attend School. There will be NO DISCOUNTS or REFUNDS of fees for vacations, sickness or holidays or if a child is absent or removed from the school. DaySpring is not obligated to hold open a child's seat after 20 unpaid absentee days by the child.

(Signature of Parent)

(Signature of Director)

(date)

This physical examination must be completed by your child's doctor or a medical clinic once a year. Please have ALL sections completed, stamped and submitted with the application.



2021 / 2022

Medical Examination

IMMUNIZATION RECORD MUST BE ATTACHED

Child's Name: _____ Age: _____ Sex: Male Female
Date of Birth: _____ Telephone: _____
Mother's name: _____ Father's Name: _____

This section must be completed by a physician:

PHYSICAL EXAMINATION

Height _____ Weight _____

Please describes the child's physical condition / health history: _____

Does the child have any allergies? _____

Does the child use any medications to control Asthma or an Asthmatic cough or wheezing?

Does the child have any behavioral / developmental conditions, learning delays or sickness?

Describe the child's behavior: Plays well with others Shy or withdrawn Fights/ hits others

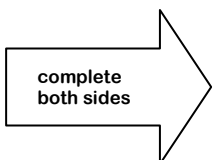
Do you consider this child fit to take part in activities at a school? _____

Signature of Physician _____ Date: _____

Print Physician's Name: _____ Phone: _____

Address: _____

****BE SURE TO COMPLETE BOTH SIDES OF THIS FORM**



This checklist must be completed by your child's doctor or a medical clinic once a year. Please have ALL sections completed, stamped and submitted with the application.

Child's Name: _____ Age: _____

The following statements may apply to this patient. If the statement applies to this child answer 'YES' and, if not, answer 'NO'. **PLEASE answer every item.**

- | | | | | |
|--|-----------------------|-----|-----------------------|----|
| 1. This child engages in flapping hands, spinning in circles, walking on toes. | <input type="radio"/> | YES | <input type="radio"/> | NO |
| 2. This child lines up toys and other objects. | <input type="radio"/> | YES | <input type="radio"/> | NO |
| 3. This child has lost skills, such as speech skills, that he/she was able to perform before. | <input type="radio"/> | YES | <input type="radio"/> | NO |
| 4. This child repeats or 'echoes' what he/she has just heard from other people. | <input type="radio"/> | YES | <input type="radio"/> | NO |
| 5. Child's speech is delayed and he/she does not communicate by gesturing (pointing). | <input type="radio"/> | YES | <input type="radio"/> | NO |
| 6. Parents complain of severe behavioral tantrums. | <input type="radio"/> | YES | <input type="radio"/> | NO |
| 7. Parents complain that this child does not respond to his / her name being called. | <input type="radio"/> | YES | <input type="radio"/> | NO |
| 8. This child's facial expressions do not change much. | <input type="radio"/> | YES | <input type="radio"/> | NO |
| 9. This child does not seem to feel physical pain that most children would. | <input type="radio"/> | YES | <input type="radio"/> | NO |
| 10. Parents note that this child engages mostly in solitary play. | <input type="radio"/> | YES | <input type="radio"/> | NO |
| 11. Making eye contact with people is very difficult for this child. | <input type="radio"/> | YES | <input type="radio"/> | NO |
| 12. Even minor changes in schedules or plans cause this child to have outbursts. | <input type="radio"/> | YES | <input type="radio"/> | NO |
| 13. Loud noises really bother this child. | <input type="radio"/> | YES | <input type="radio"/> | NO |
| 14. This child eats a very limited number of foods. | <input type="radio"/> | YES | <input type="radio"/> | NO |
| 15. This child repeats certain phrases over and over, such as repeating commercials or favorite movie scripts. | <input type="radio"/> | YES | <input type="radio"/> | NO |
| 16. During meal times, this child refuses to eat or has severe tantrums. | <input type="radio"/> | YES | <input type="radio"/> | NO |
| 17. This child will eat only foods with certain textures (e.g., only crunchy foods). | <input type="radio"/> | YES | <input type="radio"/> | NO |
| 18. Parents have been advised to have this child screened for autism spectrum disorder. | <input type="radio"/> | YES | <input type="radio"/> | NO |
| 19. There is a family history of autism (e.g., a parent, grandparent, sibling, uncle, aunt). | <input type="radio"/> | YES | <input type="radio"/> | NO |
| 20. This child has a diagnosis of Autism / Pervasive Developmental Disorder. | <input type="radio"/> | YES | <input type="radio"/> | NO |

retrieved in part from: <https://www.special-learning.com/checklist/questions>

Signature of Physician _____ Date: _____