



Application

Complete and mail this application form to Daystar with a non-refundable \$40.00 application fee and a copy of the child's birth certificate.



STUDENT INFORMATION

Child's Name: _____ Birth Date: _____

Child's Address: _____ Zip Code: _____

Social Security No.: _____ Ethnicity: _____ Sex: M / F

With whom does the child live? Name: _____ Relation to child: _____

What name should your child be called at school? _____

Circle One: 1/2 Day Program Full Day Program

PARENT INFORMATION

Mother's Name: _____ Father's Name: _____

Birth Date: _____ Birth Date: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email Address: _____ Email Address: _____

If someone other than the parent has custody, please complete this section:

Person having legal custody: _____ Birth Date: _____

Relationship to child: _____

Information about the custody or living arrangements of child the school should know about: _____

Name of person(s) responsible for payments: _____

If there are other children in your family, please complete the following:

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Has your child been in a preschool or daycare? Yes / No If yes, when & where: _____



CHILD HISTORY

Does your child receive continuing medical care for a special condition? Yes / No

If yes, please explain. _____

Does your child see a doctor regularly for this condition? Yes / No If yes, doctor's name: _____

Does your child take medication regularly? Yes / No If yes, list: _____

Has your child ever been hospitalized? Yes / No If yes, for what & when: _____

Does your child use any medical device (i.e. wheelchair, hearing aid): Yes / No If yes, list: _____

Does your child wear glasses? Yes / No For what condition? _____

Does your child have allergies? _____

Have you been told by a teacher, doctor, or nurse that your child has any problems listed below:

Hearing Yes / No Vision Yes / No Physical Handicap Yes / No

Speech Yes / No Dental Yes / No Emotional Yes / No

Behavior Problems Yes / No Nutrition/eating Yes / No Developmental Yes / No

Other Yes / No If yes, please explain. _____

Has your child received services from Early Childhood Intervention? Yes / No

Does your child speak in sentences? Yes / No

Can others understand what your child says? Yes / No

Are there any problems with your child's speech? Yes / No If yes, please explain: _____

What is your child's nap schedule? _____ Bedtime schedule? _____

Does your child dress independently? Yes / No Toilet independently? Yes / No

Is your child easily managed, fairly easily managed, or hard to manage? (circle one)

What methods of discipline have you found to be most effective? _____

How does your child react to controls and correction? _____

Does your child have any fears of which we should be aware? _____

What are your child's interests, tendencies, and characteristics? What are your child's gifts? Which qualities would you like to see enhanced?

Why do you want your child to attend Daystar's Junior Kindergarten program? _____

How did you hear about Daystar's Junior Kindergarten program? _____

Parent's Signature: _____