



Student Application

Child's Last Name

Child's First Name

Date

Birthplace

Circle One: **M** **F**

Boy Girl

Birth Date

Home Address

City

Zip

Home Phone

Father's Name

Mother's Name

Father's Profession

Mother's Profession

Father's Employer

Mother's Employer

Work Phone

Cell

Work Phone

Cell

Class Desired Morning (9am – 11:30am)
 Afternoon (12:30pm – 3:00pm)

Full Day (9am -3pm) *See Day Care if after 3pm

Day Care Before School (7:30 – 8:55am) After School (3:15 – 6:00pm)

My child would **most likely** be in school during the hours of: to
Best estimate

Will your child need to nap at school? (Full Day Students Only) Yes No

How did you hear about Day Star? _____

Parents Signature

Email Address

FOR OFFICE USE ONLY

Start

207 AM AMDC

211 PM PMDC

215 FULL AM DC-PM DC