

Primary Campus
100 East Oakbrook
Ann Arbor, MI 48104
(734) 930-0333 fax: (734) 930-0312



Elementary Campus
1095 North Zeeb Road
Ann Arbor, MI 48103
(734) 662-3335 fax: (734) 662-3360

STUDENT APPLICATION

Daycroft's Mission

To provide a personalized learning environment that appreciates individual differences, nurtures the whole child, enables students to develop at their own pace and achieve to their full potential.

Child's Last Name _____ First Name _____ Nickname _____ Gender _____ Birth Date _____

Child's Address _____ City _____ State _____ Zip Code _____

Parent/Legal Guardian Last Name _____ First Name _____ Home Phone _____ Cell Phone _____

Parent/Legal Guardian Occupation _____ Work Phone _____ Place of Employment _____ Email Address _____

College Attended _____ Degrees _____

Parent/Legal Guardian Last Name _____ First Name _____ Home Phone _____ Cell Phone _____

Parent/Legal Guardian Occupation _____ Work Phone _____ Place of Employment _____ Email Address _____

College Attended _____ Degrees _____

Parent/Legal Guardian Marital Status: Married () Separated () Divorced () Other ()

Sibling(s) Name and Birth Date: _____ School attending : _____

Is English the first language spoken at home? Yes () No ()

If not, what language is spoken? _____

Does your child understand English? Yes () No ()

Has your child ever attended another school? Yes () No ()

If so, what school and for how long? _____

What month and year do you wish your child to begin school?

Has a previous member of your family attended Daycroft?

Name _____ Relationship _____

Please indicate the grade level you intend your child to complete at Daycroft.

K () 1 () 2 () 3 () 4 () 5 () 6 ()

Please continue your answers on the reverse side.

Please indicate which class you are applying for:

Half Day Preschool (3-4 1/2 years) ()

Flexible Preschool Program, 1/2 day A.M. plus optional P.M. ()

Full Day Preschool (3-4 1/2 yrs.) ()

Kindergarten Oakbrook () Kindergarten Zeeb ()

Elementary Grade: 1 () 2 () 3 () 4 () 5 () 6 ()

(optional) Please mark the box that best indicates your child's ethnicity:

() African American () Middle Eastern

() Asian American () Caucasian

() Native American () International

() Latino/Hispanic () Multiracial

() Pacific Islander () Other _____

Please give us some additional information about your child by answering the following questions. If you wish, you may include an additional sheet.

What are your child's strengths?

What are your child's interests, hobbies etc.

Please share your reasons for wanting your child to attend Daycroft.

If currently at a school, what are your reasons for leaving?

Is there anything about your child that you would like to share in order to help us provide a personalized learning experience for him/her, so that he/she can achieve to their full potential.

What are your goals for your child?

How did you hear about Daycroft?

Parent/Legal Guardian Signature

Today's Date

Parent/Legal Guardian Signature

Today's Date

**Daycroft admits students without regard to race, color, national and ethnic origin, religion, gender (or any other legally protected status under federal or Michigan law) to all the rights, privileges, programs and activities generally accorded or made available to students to the fullest extent provided by applicable law.
Questions regarding race are for statistical purposes only.**