



**Office use only:**  
 Date received/postmarked \_\_\_\_\_  
 Fee collected: \_\_\_\_\_  
 Entry Date: \_\_\_\_\_

## *Dayspring Preschool*

### Application Form

- Please type or print legibly
- Complete one Application Form per child
- Submit Application Form with **non-refundable** application fee of \$75 to **Dayspring Preschool**.
- Mail to: DAYSPRING PRESCHOOL 989 San Ramon Valley Blvd. Danville, Ca 94526

**Child Information:**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_  
 Language(s) spoken at home: \_\_\_\_\_  
 Last school child attended: \_\_\_\_\_  
 Sibling's name: \_\_\_\_\_ Ages: \_\_\_\_\_

**Parent Contact Information:**

Parent/Guardian: Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email address: \_\_\_\_\_  
 Place of employment: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Work address: \_\_\_\_\_ Work phone: \_\_\_\_\_ ext. \_\_\_\_\_  
 Work email address: \_\_\_\_\_

Spouse/ Partner: Name: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Place of employment: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Work address: \_\_\_\_\_ Work phone: \_\_\_\_\_ ext. \_\_\_\_\_  
 Work email address: \_\_\_\_\_

**Preschool Schedules:** Dayspring Preschool programs are for children ages 2.9-5 years (toilet trained)

Please indicate your first and second choice programs below:

FULL DAY OPTIONS:	SCHOOL DAY OPTIONS	HALF DAY OPTIONS AM	HALF DAY OPTIONS PM
___ M-F 7:00-6:00pm	___ M-F 8:30-3:30	___ M-F 8:30-11:30	___ M-F 12:30-3:30
___ MWF 7:00-6:00pm	___ MWF 8:30-3:30	___ MWF 8:30-11:30	___ MWF 12:30-3:30
___ TTH 7:00-6:00pm	___ TTH 8:30-3:30	___ TTH 8:30-11:30	___ TTH 12:30-3:30

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_