



Monthly Tuition Rates 2019-2020

School Term: August 14, 2019- May 29, 2020

Preschool/Pre-K Program Options

		5 day	4 day	3 day	2 day
Full day option	7:00am – 6:00 pm	\$1,530	\$1,340	\$1,120	\$890
School day option	8:30am - 3:30pm	\$1,235	\$1090	\$940	\$805
Half day mornings	8:30am- 11:30am	\$890	\$785	\$700	\$565
Half day afternoons	12:30pm - 3:30pm	\$890	\$785	\$700	\$565

Add-on Options*

(All rates are monthly, except Drop-in)

	Add before school	Add lunch
	7:00 -8:30 am	11:30am12:30pm
1 day/ week	\$35	\$45
2 day/week	\$60	\$55
3 day/week	\$85	\$65
4 day/week	\$105	\$75
5 day/week	\$120	\$85
Drop-in **	\$14/hour	\$15/day

*Add-on options are added to the monthly tuition and become part of the child's regular program.

**Drop-in options are offered on a space-available basis.

Tuition, Fees, and Due Dates

-Application Fee: (new students only).	\$75 <u>Non-refundable</u>	Due with application form
-Tuition Deposit:	½ monthly tuition, <u>Non-refundable</u>	Due before child's first day of school. Secures the program space for your child; applies to May 2020 tuition.
-First month tuition:		Due on the first of the month, payable by the seventh of the month.



Office use only: Date received: _____ Fee collected: _____ Ck # _____ Enrollment Pack Sent: _____ CMS Entry Date: _____
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Dayspring Preschool Application Form

- Please type or print legibly
- Complete one Application per child
- Submit Application with **non-refundable** application fee of \$75 to:
Dayspring Preschool, 989 San Ramon Valley Boulevard, Danville, CA 94526

Child Information: Name: _____ Birth date: _____ Gender: M ___ F ___
 Language(s) spoken at home: _____
 Last school child attended: _____
 Sibling's name(s): _____ Ages: _____

Primary Parent Information:	
Name: _____	City: _____ Zip: _____
Address: _____	
Home Phone: _____	Place of employment: _____
Cell Phone: _____	Occupation: _____
Work Phone: _____ Ext.: _____	
Email address: _____	

Second Parent Information:	
Name: _____	City: _____ Zip: _____
Address: _____	
Home Phone: _____	Place of employment: _____
Cell Phone: _____	Occupation: _____
Work Phone: _____ Ext.: _____	
Email address: _____	

Preschool Schedules: Dayspring Preschool programs are for children ages 2 years 9mos. - 5 years (toilet trained). Please indicate your first and second program choices below by writing "1" and "2" in the spaces provided. For half-day programs, please also please check either "Yes" or "No" for the lunch option.

FULL DAY OPTIONS:	SCHOOL DAY OPTIONS	HALF DAY OPTIONS AM	HALF DAY OPTIONS PM	LUNCH OPTION
___ M-F 7:00-6:00pm	___ M-F 8:30-3:30	___ M-F 8:30-11:30	___ M-F 12:30-3:30	11:30-12:30
___ MWF 7:00-6:00pm	___ MWF 8:30-3:30	___ MWF 8:30-11:30	___ MWF 12:30-3:30	___ Yes
___ TTH 7:00-6:00pm	___ TTH 8:30-3:30	___ TTH 8:30-11:30	___ TTH 12:30-3:30	___ No

Requested START DATE: _____

Parent Signature: _____ Date: _____