



# Application Form

- Please type or print legibly
- Complete one application per child
- Submit application with **non-refundable** application fee of \$75.00 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): \_\_\_\_\_ Age(s): \_\_\_\_\_

### Primary Parent Information:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Place of employment: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

### Second Parent Information:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Place of employment: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Ext.: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Preschool Schedules:** Dayspring Preschool programs are for children ages 2 years 9 months to 5 years (toilet trained). Please indicate your program choice and circle your preferred days:

- Full day 7:00am-5:00pm M T W Th F
- School day 8:30am-3:30pm M T W Th F
- Half day AM 8:30am-11:30am M T W Th F
- Half day AM Lunch 8:30am-12:30pm M T W Th F
- Half day PM 12:30pm-3:30pm M T W Th F
- Half day PM Lunch 11:30am-3:30pm M T W Th F

Add-on before school 7:00am-8:30am

Requested START DATE: \_\_\_\_\_

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

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

### Office Use Only:

Date received: \_\_\_\_\_ Fee collected: \_\_\_\_\_ Ck # \_\_\_\_\_ Enrollment Packet sent: \_\_\_\_\_ CMS Entry Date: \_\_\_\_\_