



# 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:** 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

( ) Add-on after school 3:30pm-5:00pm

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

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

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

**Office Use Only:**

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