



# Application Form

Please type or print legibly. Complete one application per child. Return to info@dayspringpreschool.org  
A non-refundable application fee of \$75.00 will be billed electronically.

**Child Information:** Name \_\_\_\_\_ Birth date: \_\_\_\_\_  
Gender: M\_\_\_ F \_\_\_ Potty trained? Yes\_\_\_ No\_\_\_ In process \_\_\_  
Language(s) spoken at home: \_\_\_\_\_  
Last school child attended: \_\_\_\_\_  
How did you hear about us? \_\_\_\_\_  
Sibling(s) name(s): \_\_\_\_\_ Age(s): \_\_\_\_\_

**Parent Information:**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Place of employment: \_\_\_\_\_  
Alt Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Parent Information:**  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Place of employment: \_\_\_\_\_  
Alt Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**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: \_\_\_\_\_