



Application Form

Please type or print legibly. Complete one application per child. Return to info@dayspringpreschool.org
A non-refundable application fee of \$100 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
- () I am interested in the Spanish Immersion Program

Requested START DATE: _____

Parent Signature: _____

Date: _____

Office Use Only:

Date received: _____ Fee collected: _____ Ck # _____ Enrollment Packet sent: _____ Brightwheel: _____