



Enlighten Preschool
 (408) 442-7543
 Bilingual@enlightenpreschool.org

Enrollment Application

Child's Name: _____ Date: _____

Date of Birth: _____ Place of Birth _____ Gender: M / F Room #: _____

Language Spoken at Home: _____ Race: _____

Mom's Name: _____ Dad's Name: _____

Mom's Phone #: _____ Dad's Phone #: _____

Mom's Email Address: _____

Dad's Email Address: _____

Address: _____

City: _____ Zip Code: _____

Schedule Requested: Please Check One:

Morning Session: 8:30AM-12:30PM		Full Day: 8:30AM-6PM	
	2 Days: Tuesdays, Thursdays		2 Days: Tuesdays, Thursdays
	3 Days: Mondays, Wednesdays, Fridays		3 Days: Mondays, Wednesdays, Fridays
	5 Days: Mondays - Fridays		5 Days: Mondays - Fridays

Any Allergies/Food Restrictions? _____ **Lunch:** Y / N

By signing this, I hereby acknowledge that I have completely read and will adhere to Enlighten Preschool's Parent Handbook, policies and procedures.

Parent Signature: _____ **Date:** _____

For Office Use Only

Trial 1: _____ **Trial 2:** _____ **Start Date:** _____

Notes:



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