



Enrollment Application

Child's Name: _____ Date: _____

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

Language Spoken at Home: _____

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: 7:00AM-6:00PM	
<input type="checkbox"/>	2 Days: Tuesdays, Thursdays	<input type="checkbox"/>	2 Days: Tuesdays, Thursdays
<input type="checkbox"/>	3 Days: Mondays, Wednesdays, Fridays	<input type="checkbox"/>	3 Days: Mondays, Wednesdays, Fridays
<input type="checkbox"/>	5 Days: Mondays - Fridays	<input type="checkbox"/>	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:** _____

<u>For Office Use Only</u>		
Trial 1: _____	Trial 2: _____	Start Date: _____
Notes:		