



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: 8:30 AM – 12:30 PM		Full Day: 8:30 AM – 6:00 PM	
<input type="checkbox"/>	5 Days: Mondays - Fridays	<input type="checkbox"/>	5 Days: Mondays - Fridays
<input type="checkbox"/>		<input type="checkbox"/>	4 Days
<input type="checkbox"/>		<input type="checkbox"/>	3 Days: Mondays, Wednesdays, 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: