



Enlighten Preschool De Anza

(408) 470-4701

DeAnza@enlightenpreschool.org

Enrollment Application

Child's Name: _____ Date: _____ Gender: M / F
Date of Birth: _____ Place of Birth _____ Language Spoken at Home: _____ Race: _____
Last School Attended: _____ Date: _____
Special Consideration: _____

(Allergies, Diet, Physical, Health, Custody, etc.)

Schedule Requested: Please Check One:

- () Full Day 8:30-6:00 () School Day 8:30-3:00 () Half Day AM 8:30-12:00
- () Extended Care 7:30 to 8:30 AM

Start Date: _____ () **Need to order lunch from school**

Parent Information:

Parent A Relationship to Child () Parent () Stepparent () Legal Guardian

Name: _____ Cell Phone: _____ Email: _____

Home Address: _____

Driver's License # _____ Occupation: _____ Employer Name: _____

Parent B Relationship to Child () Parent () Stepparent () Legal Guardian

Name: _____ Cell Phone: _____ Email: _____

Home Address: _____

Driver's License # _____ Occupation: _____ Employer Name: _____

Siblings

Name: _____ Age: _____ Name: _____ Age: _____

I/We, the parent(s) or legal guardian(s) of the child named above am/are hereby making an application for this child to participate in the programs of Enlighten Preschool De Anza. All enrollment applications are subject to approval and placement is not guaranteed until a \$125.00 (non-refundable) registration fee and deposit has been paid and the admission agreement has been signed. A service charge of \$40 will be imposed for any returned check. I/We grant authority to Enlighten Preschool to verify the information provided above.

Parent Signature: _____ **Date:** _____

For Office Use Only	Starting Date: _____	Room #: _____
Enrollment Received Date: _____	Received by: _____	
Deposit \$ _____	Check # _____	Check Date: _____
Registration Fee \$ _____	Check # _____	Check Date: _____
The Child has a sibling(s) attending Enlighten Y/N Site _____ Room # _____ Discount: _____		