



## 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 8:30-5:00 ( ) School Day 9:00-3:00 ( ) Half Day AM 9:00-12:00  
( ) Extended Care 7:30 to 8:30 AM ( ) Extended Care 5:00 – 6:00 PM

#### 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 \$235.00 (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: \_\_\_\_\_