

YANG FAN PRESCHOOL

4160 Hacienda Drive, #200 Pleasanton, CA 94588 (925) 847-3023 LIC #013420956

Enrollment Form

APPLICATION DATE _____

(Please complete entire form)

CHILD'S INFORMATION

FULL NAME _____ DATE OF BIRTH _____ AGE _____

PREFERRED NAME _____ GENDER MALE FEMALE

HOME ADDRESS _____ HOME PHONE _____

CITY _____ STATE _____ ZIP _____

NAME OF PRESENT OF SCHOOL _____ REASONS FOR LEAVING _____

DOES YOUR CHILD REQUIRE ANY SPECIAL MEDICAL ATTENTION (EXAMPLE: ASTHMA, SEASONAL OR FOOD ALLERGIES, ETC.)
 YES NO

SPECIAL DIET (VEGETARIAN, GLUTEN OR DAIRY FREE, ETC.)? YES NO

IF YES, PLEASE EXPLAIN _____

IS YOUR CHILD FULLY POTTY TRAINED? YES NO

IF NO, WHAT STAGE?

WHAT LANGUAGE(S) DOES YOUR CHILD SPEAK? _____

DESIRED START DATE _____

PROGRAM - PLEASE INDICATE CHOICE – AGE / CLASS AND PROGRAM DAYS **CHILD'S AGE ON START DATE** _____

YOUNG PRESCHOOL (2-3 yrs; must be at least 2 yrs by desired start date) PRESCHOOL (3-4 yrs; must be 3 on or before Dec. 1 of the enrollment year)

PRE-K (4-5 yrs; must be 4 on or before Dec. 1 of the enrollment year)

FULL DAY (5 days) _____

FULL DAY (3 days) _____ Days Desired M__ T__ W__ TH__ F__

HALF DAY (5 days) _____ (AM only)

Extended Care AM__ (7-8am) PM__ (6-6:30pm) Both__

Our programs, including curriculum and special classes, are designed for the five full days per week schedule. Two and Three-day schedules are available; however, please note that missed curriculum and activities are not made up.

FAMILY INFORMATION

(EXISTING STUDENTS: If the family information is the same as last year, please skip the rest of the form and go directly to the signature)

MOTHER/PARENT/GUARDIAN NAME _____

OCCUPATION _____ EMPLOYER _____

HOME PHONE _____ WORK _____ CELL _____

E-MAIL _____ DRIVERS LICENSE # _____

FATHER/PARENT/GUARDIAN NAME _____

OCCUPATION _____ EMPLOYER _____

HOME PHONE _____ WORK _____ CELL _____

E-MAIL _____ DRIVERS LICENSE # _____

