YANG FAN PRESCHOOL

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

Enrollment Form

	APPLICATION DATE					
CHII D'S INEODMATION	(Please complete entire form)					
CHILD'S INFORMATION FULL NAME	DATE OF BIRTH	AGE				
PREFERRED NAME	GENDERMA	LEFEMALE				
HOME ADDRESS	HOME PHONE					
CITY	STATEZIP					
NAME OF PRESENT OF SCHOOL	REASONS FOR LEAVING					
DOES YOUR CHILD REQUIRE ANY SPECIAL MEDICAL YESNO	L ATTENTION (EXAMPLE: ASTHMA, SEASONAL OR FOOD AL	LERGIES, ETC.)				
SPECIAL DIET (VEGETARIAN, GLUTEN OR DAIRY FRE	EE, 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 AN	ND PROGRAM DAYS CHILD'S AGE ON START DATE					
YOUNG PRESCHOOL (2-3 yrs; must be at least 2 yrs by of PRE-K (4-5 yrs; must be 4 on or before Dec. 1 of the enroll	desired start date) PRESCHOOL (3-4 yrs; must be 3 on or before D lment year)	ec. 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 please note that missed curriculum and activities are not made	designed for the five full days per week schedule. Two and Three-day sup.	schedules are available; however,				
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_					
	KCELL_					
E-MAIL_	_DRIVERS LICENSE #					
FATHER/PARENT/GUARDIAN NAME						
	EMPLOYER_					
	KCELL_					

Child lives with (choose	from these options). Please c	heck all family members	adults living with the chi	ld.	
Both Parents	Both Parents in Different	Households	Mother	Father	
Guardian(s)	Grandparent(s)	Aunt/Uncle			
Sibling: NameYES	NO	Ag	e Does sibling	g currently attend Yang Fan Preschool or After School	
Sibling: Name		Ag	e Does siblin	g currently attend Yang Fan Preschool or After School	
Program?YES	NO				
Sibling: Name Program?YES	NO	Ag	e Does sibling	g currently attend Yang Fan Preschool or After School	
	L AND BEHAVIORAL cial physical emotional or edu				
Does child take any med	lications? if so, pl	lease list and indicate the	reason.		
What more would you li	ke us to know about your chil	d?			
How did you hear a	about Yang Fan Prescho	ol? Please check all	that apply.		
Preschool Tour	r Relative	Friend Attending	Website	Advertisement	
Yang Fan Acad	emyCurrent Famil	y			
Name of referring family	y				
Agreement must acc withdraw my child does not begin atten Preschool are not r	company this form, that from Yang Fan Preschonding Yang Fan Prescho refundable before the st	all tuition and fees ool. The registration ool on the agreed upon tudent attending Yan	paid are non-refunda fee and one-half firs on start date. <i>The de</i> ng Fan Preschool fo	the materials fee along with the Admissions able and that a 30-day written notice is required to month's tuition deposit is forfeited if our/my posits paid to and/or remained in Yang Fan for at least 30-days in the school year. In addition the last day of attendance.	y child
PARENT/GUARDIAN	SIGNATURE		DATE		
PARENT/GUARDIAN	SIGNATURE	· · · · · · · · · · · · · · · · · · ·	DATE		

Yang Fan Preschool does not discriminate on the basis of gender, race, color, religion, or national or ethnic origin in the administration of its educational or enrollment policies.