

**First Light Early Learning Center
Enrollment Form
2010-2011**

To request placement in our program, please complete the bottom portion of this page and return with your \$50 registration fee (per family) **no later than January 15th**. ***Please remember, placement is “first come, first serve” upon receipt of this form.*** A complete registration packet will be given to families upon receipt of this form and fee.

If you have any questions please call Devika Gill, Director, at 856-235-6100.

****Please Print****

Child's Full Name: _____

Child's Birth date: _____

Please circle: Boy Girl

Parent(s) or Guardian(s) Name(s): _____

Complete Mailing Address: _____

Home Phone Number: _____

Cell or Daytime Number: _____

To help us better suit your needs please check the age grouping and circle days preferred:

- | | | | | | | |
|--|-------|-----------|----------|------------|---------------|----------------|
| <input type="radio"/> 2 ½ year old | M/W | or | T/Th | and | F(enrichment) | AM only |
| <input type="radio"/> 3 year old | M/W/F | or | T/Th | | | AM PM |
| <input type="radio"/> 4 year old | M-Th | or | M-F | | | AM PM |
| <input type="radio"/> Developmental Kindergarten | | | M-F only | | | AM only |

2nd choice _____ 3rd choice _____

\$50 Registration fee (per family) is **non-refundable** and must accompany enrollment form.

Make checks payable and return to:
First Light Early Learning Center
446 Camden Ave.
Moorestown, NJ 08057

Office Use only
Date rcvd. _____
Time rcvd. _____