



# Early Learning Academy Preschool Registration Application

Please print clearly.

Child's Last Name First Middle Sex Date of Birth

Address City Zip Code

( ) Home Phone ( ) Cell Phone ( ) Work Phone

Person financially responsible for child

Please list other people that live with the child and indicate their relationship

Previous School and Experience

How did you hear about Early Learning Academy Preschool?

Parent 1 Name Employer and Occupation Email

Parent 2 Name Employer and Occupation Email

Please state any significant factors (health, social, emotional) that the school should know about your child.

When do you wish to enroll your child?

Preferred Schedule: (Please circle)

Number of Days: 2 3 4 5  
Day Preferred: M T W TH F  
Hours: Full (7:00 - 6:00) AM (8:00-12:00)

Refund of Fees

I understand that the registration fee (\$100) is non-refundable and that advance tuition fees are refundable only if all of the following conditions are met:

- The child moves out of San Mateo County area
- The Preschool is notified two weeks prior to the child's last day

Parent/Guardian Signature

Date

Early Learning Academy  
398 F Street, Colma, CA 94014

Web: [www.EarlyLearningAcademy.org](http://www.EarlyLearningAcademy.org) \* Telephone: (650) 755-8440 \* Facsimile: (650) 755-9472