



822 BRADBOURNE AVENUE DUARTE, CALIFORNIA 91010  
 626/301-9809 OFFICE 626/301-1342 FAX  
 WWW.FOOTHILLOAKSACADEMY.ORG

## PRESCHOOL/TK ENROLLMENT FORM (Enrolling \_\_\_\_\_ ) Month/Year

PLEASE NOTE: There is a non-refundable enrollment fee of \$200 for all new applicants which must

- |   |  |
|---|--|
| <input type="checkbox"/> Preschool Half Day—3 days a week | <input type="checkbox"/> Preschool Half Day—5 days a week    |
| <input type="checkbox"/> Preschool Full Day—3 days a week | <input type="checkbox"/> Preschool/TK Full Day—5 days a week |

Student's Name \_\_\_\_\_  
last first middle

Home Address \_\_\_\_\_  
street city zip

Birth Date \_\_\_\_\_ Home Phone \_\_\_\_\_

Is your child potty trained? \_\_\_\_\_ Email Address \_\_\_\_\_

### CONTACT INFORMATION

Father/Guardian
Address (if different from applicant)
City <span style="margin-left: 150px;">State</span> <span style="margin-left: 50px;">Zip</span>
Home Phone <span style="margin-left: 150px;">Cell Phone</span>
Business/Profession/Employer
Business Address
Business Phone

Mother/Guardian
Address (if different from applicant)
City <span style="margin-left: 150px;">State</span> <span style="margin-left: 50px;">Zip</span>
Home Phone <span style="margin-left: 150px;">Cell Phone</span>
Business/Profession/Employer
Business Address
Business Phone

How did you hear about Foothill Oaks Academy \_\_\_\_\_

Siblings:	Name	Age	School	Grade

\_\_\_\_\_  
**Father/Guardian Signature**

\_\_\_\_\_  
**Mother/Guardian Signature**

Upon acceptance, applicant may be required to authorize Foothill Oaks Academy or its agent to obtain a credit report, when credit is requested or an outstanding balance exceeds Tuition Agreement limits.

**For Office Use Only:** Enrollment Fee Paid  Check Number \_\_\_\_\_ Start Date \_\_\_\_\_