

**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 **beginning February 1<sup>st</sup>**. **\*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.

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

2<sup>nd</sup> choice \_\_\_\_\_ 3<sup>rd</sup> 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. _____