

GLENDORA UNIFIED SCHOOL DISTRICT
PRESCHOOL PROGRAM
2020-2021 ENROLLMENT APPLICATION

Check one: M F

Child's Name (Last, First)

Birth date: _____ Age: _____
Month-Day-Year

Please indicate times and days you are registering for:

Half Day _____ Full Day _____ Extended Day _____

Three days _____ Four days _____ Five days _____

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Mailing/Billing address:

Name _____

Address _____

City _____ Zip _____

Do you prefer _____ email billing or _____ paper billing?

Send email billing to: _____

Parent/Guardian 1

Parent/Guardian 2

First Name _____

First Name _____

Last Name _____

Last Name _____

Cell Phone (____) _____

Cell Phone (____) _____

Work Phone (____) _____

Work Phone (____) _____

Employer _____

Employer _____

Signature

Date

Signature

Date

Return with **\$150 deposit** to:
WILLIAMS EDUCATIONAL CENTER
CHILD DEVELOPMENT OFFICE
301 SOUTH LORAIN AVENUE
GLENDORA, CA 91741