



1920 Royal Fern Drive Wellington, Florida 33414

ENROLLMENT FORM
VPK 3-HOUR PROGRAM
2021-2022 SCHOOL YEAR
(4 YEARS OF AGE BY SEPTEMBER 1, 2021)
MONDAY – FRIDAY – 3 hours per day

TODAY'S DATE: _____ DATE TO START SCHOOL: _____

CHILD'S NAME: _____ DATE OF BIRTH: _____

PARENT'S NAME(S): _____

ADDRESS: _____

HOME PHONE #: (_____) _____ WORK PHONE #:(_____) _____

CELL PHONE #: (_____) _____ EMAIL: _____

I/we agree to enroll my/our child in the VPK Program for the 2021-2022 school year.

I/we understand that the State VPK Child Eligibility and Enrollment Certificate must be submitted along with all other Cambridge Schools VPK participation forms, enrollment forms and medical forms required to attend the school.

Primary Parent/Legal Guardian Signature

Other Parent/Legal Guardian Signature

Print Name

Print Name