



**Cambridge**  
SCHOOLS™

2550 Glades Circle Road Weston, Florida 33327

**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*