FUN AND STUDY LEARNING CENTER

Academic Year 2026-2027 | 20515 NE Union Hill Road, Redmond, WA 98053

PARENT / GUARDIAN ENROLLMENT DECLARATION FORM

AGE & PRESCHOOL ELIGIBILITY VERIFICATION

1. STUDENT INFORMATION

Child's Full Name

_____

Date of Birth (MM/DD/YYYY)
____ / ____ / _____

Age at Time of Enrollment
_____ Years _____ Months

2. PARENT / LEGAL GUARDIAN INFORMATION

Parent/Guardian Full Name(s)

_____

Phone Number
_____

Email Address
_____

Home Address

_____

3. ATTESTATION & DECLARATION OF AGE ELIGIBILITY

I/We, the undersigned parent(s) or legal guardian(s) of the child named above, attest and confirm that:

- ✓ **Age Requirement:** My child will be at least 30 months (2.5 years) old as of the program start date.
- ✓ **Preschool Status:** My child is of preschool age and, during the academic year, is not eligible to enroll in an LWSD elementary school.
- ✓ **Program Duration:** The program duration is 3.5 hours.

By signing below, I/We certify that the information provided on this form is true and accurate.

Parent/Guardian Printed Name	Date