

1111 Kinwest Pkwy #130,
Irving, Texas 75063
APPLICATION FOR ENROLLMENT 2015/2016
Please return with \$200.00 Non-Refundable Registration Fee

CHILD'S LAST NAME _____ FIRST _____ M.I. _____

HOME ADDRESS _____ APT # _____ ZIP CODE _____

HOME PHONE _____ CHILD'S D.O.B. _____ GENDER _____

SIBLING(S) _____ AGE(S) _____

FATHER'S NAME _____ OCCUPATION _____

FATHER'S WORK # _____ FATHER'S CELLULAR _____

FATHER'S EMAIL ADDRESSES _____

MOTHER'S NAME _____ OCCUPATION _____

MOTHER'S WORK # _____ MOTHER'S CELLULAR _____

MOTHER'S EMAIL ADDRESSES _____

PROGRAM CHOICE:

_____ FULL DAY (7:30 AM – 6:00 PM)

_____ SCHOOL DAY (8:30 AM – 2:00 PM)

_____ SCHOOL DAY (8:30 AM – 3:00 PM)

_____ HALF DAY (8:30 AM – 12:00 PM)

Note: payments are due on the first day of each month. Payments received after the 5th of the month are subject to a \$25.00 late charge.

As parents, we understand that to be considered for acceptance this application form, a classroom observation and a parent interview are all required. We also understand that if accepted, our child is admitted for the full term; we understand that no refunds are made due to illness or absence and all fees/deposits are non-refundable.

Parent Signature _____ **Date** _____

** You will be contacted via email or via phone call to schedule your observation and parent interview approx. 6 weeks after the school year begins*