Additional Information

Please tell us any additional information about your child which you would like to share:

Child's previous school:
Current Church Home:
Authorizations
I authorize Waples Day School to provide emergency care for my child.

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Hospital/Facility Name: _______

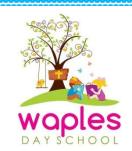
I affirm that my child is/will be potty-trained by start date (all students):

Parent/Guardian Signature: ______

During the school year, we will be going on field trips. They will be within walking distance. You will be notified in advance before each trip. I give permission for my child to go on any field trips with his/her group at Waples Day School.

Waples Day School admits applicants of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. The Waples Day School does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, financial assistance and loan programs, athletic and other administered programs.





Application for Enrollment 2025-26

830 W Main Street Denison, Texas 75020 Church: 903-465-3350 Day School: 903-327-5145

Date:				
	Regi	stering for:		
3-Day (2&3 year olds)		<u>5-Day (</u>	3&4 year olds)	
☐ AM program (8:30	0-11:30) 🔲 AM prog	ram (8:30-11:30)	4-Year Old Program AM program (8:30-11:30) Extended Day: (8:30-2:30)	
	Child's	Information		
Child's Name:				
Fire	st	Middle	Last	
Name Child prefers	to be called:			
Home Address:				
Age:	Date of Birth:	/ /	Sex: M or F	

			Health Information
Child Lives With:	Mother Both	Father Legal Guardian	Please share physical/mental health information regarding your child:
Par	ent/Guardian Info	ormation	
Name: First Middle Last			Any special care needs?
Home Address:			Allergies:
Home Phone: Work Phone Cell Phone: Email:			Is there any reason your child should not engage in physical activity?
Par	ent/Guardian Info	ormation	
	Middle Employer	Last :	A Statement of Health from the child's physician and up-to-date shot record are required by Texas HHS, our licensing agency. It MUST be on file by the first day of school.
Home Address:			Goals
Home Phone: Work Phone		one	What do you hope Waples Day School will accomplish for your child?
Cell Phone:	Email:		
C	Other Children in	Family	
Name 	Age	Sex	Office Use Only: Date Application Received Registration FeesPaid