

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: _____

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.

Parent/Guardian Signature: _____

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.



Date: _____

Registering for:

3-Day (2&3 year olds)

5-Day (3&4 year olds)

2-Year Old Program

3-Year Old Program

4-Year Old Program

AM program (8:30-11:30)

AM program (8:30-11:30)

AM program (8:30-11:30)

Extended Day: (8:30-2:30)

Extended Day: (8:30-2:30)

Extended Day: (8:30-2:30)

Child's Information

Child's Name: _____
First Middle Last

Name Child prefers to be called: _____

Home Address: _____

Age: _____ Date of Birth: ____/____/____ Sex: M or F

Child Lives With: Mother Father
 Both Legal Guardian

Parent/Guardian Information

Name: _____
First Middle Last

Occupation: _____ Employer: _____

Home Address: _____

Home Phone: _____ Work Phone _____

Cell Phone: _____ Email: _____

Parent/Guardian Information

Name: _____
First Middle Last

Occupation: _____ Employer: _____

Home Address: _____

Home Phone: _____ Work Phone _____

Cell Phone: _____ Email: _____

Other Children in Family

Name	Age	Sex

Health Information

Please share physical/mental health information regarding your child:

Any special care needs?

Allergies:

Is there any reason your child should not engage in physical activity?

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.

Goals

What do you hope Waples Day School will accomplish for your child?

Office Use Only: Date Application Received _____

Registration Fees _____ Paid _____