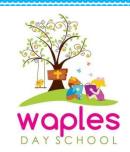
Additional Information

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,

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 2024-25

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

	Regi	stering for:	
3-Day (2&3 year olds)		5-Day (3	&4 year olds)
☐ AM program (8	:30-11:30) 🔲 AM prog	gram (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:			
F	First	Middle	Last
Name Child prefe	ers 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	rent/Guardian In	formation		
Name: First Middle Last			Any special care needs?	
Home Address:		er:	Allergies:	
Home Phone:	Work Pl	none	Is there any reason your child should not engage in physical activity?	
		ioimation		
First Occupation:	Middle	Last er:	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	
Home Phone:	Work Pl	none	What do you hope Waples Day School will accomplish for your child?	
Cell Phone:	Email: _			
(Other Children ir	Family		
Name 	Age	Sex	Office Use Only: Date Application Received Registration FeesPaid	