

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 _____