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.

Hospital/Facility Name: ______

I affirm that my child is potty-trained (3/4 yr old only):

Parent/Guardian Signature: _____

During the school year, we will be going on field trips. They will be

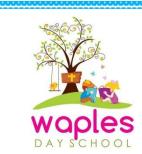
Parent/Guardian Signature: _____

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.





Application for Enrollment

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

Registering for:								
3-Day	(2&3 year olds)	5-Day (3	3&4 year olds)					
2-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:								
	irst	Middle	Last					
Name Child prefers to be called:								
Home Address: _								
Age:	Date of Birth:	/ /	Sex: Mor F					

	_ <u></u>			Health Information
Child Lives With:	Mother	Father		Please share physical/mental health information regarding your child
	Both	Legal Gu	ardian	
Pa	rent/Guardian Ir	nformation		
Name:			<i></i>	Allergies:
First	Middle	Last		
Occupation:	Employ	er:		
			 	s there any reason your child should not engage in physical activity?
	Work P			·
Cell Phone:	Email: _			
Parent/Guardian Information				A Statement of Health from the child's physician and up-to-date shot record are required by Texas HHS, our licensing agency. It
Name:				MUST be on file by the first day of school.
First	Middle	Last		
Occupation:	Employ	er:		Goals
Home Address:				What do you hope Waples Day School will accomplish for your child?
				, , , , , , , , , , , , , , , , , , ,
Home Phone:	Work P	hone		
Cell Phone:	Email: _			
	Other Children i	n Family	-	
Name	Age	S	Sex	Office Use Only: Date Application Received
				Registration FeesPaid