

694 S Watters Rd, Allen TX 75013 Phone: (214) 295-5342 Fax: (972)476-0785

APPLICATION FORM				
Child's Name:	Date of Birth:			
Parent Name(s):				
Home Phone: ()	Work Phor	ie: ()		Alt Phone: ()
Address:			City/Sta	ate/Zip
E-mail:				
Start Date:				
Program: ()Two Day Program ()Three Day Program () Five Day Program				
☐ Half Day Program ☐ School Day Program ☐ Full Day Program				
Parent Signature:			Dat	e:
For Official Use Only:			·	
\$100 Application FeeCashCheck#				
Received By:				
Comments:				

^{*} Submitting an application form will get your child on the waiting list. It does not guarantee an opening for your child. After we receive your application form we will contact you as soon as an opening comes up. The Application Fee is only refundable at the time of enrollment or if we are unable to place the child.