



REGISTRATION FORM

*Please attach applicable non-refundable Registration Fee

OPERATION NAME The PREP School of Stone Oak

DIRECTOR NAME Candice Villanueva

CHILD INFORMATION

REGISTRATION DETAILS

NAME _____

TODAY'S DATE _____

NICKNAME _____

DESIRED START DATE _____

HOME ADDRESS _____

DESIRED SCHEDULE FULL TIME

CITY _____ ZIP CODE _____

M/W/F *

HOME PHONE _____

T/TH *

GENDER MALE FEMALE

CLASS _____

DATE OF BIRTH _____

*Please note that part-time care is available for Junior Toddler and older and is based on availability.

STATUS OF PARENTS: MARRIED COMMITTED SEPARATED DIVORCED OTHER

CHILD LIVES WITH: _____

FATHER OR GUARDIAN

MOTHER OR GUARDIAN

NAME _____

NAME _____

CELL PHONE _____

CELL PHONE _____

EMAIL _____

EMAIL _____

HOME ADDRESS _____

HOME ADDRESS _____

CITY _____ ZIP CODE _____

CITY _____ ZIP CODE _____

HOME PHONE _____

HOME PHONE _____

EMPLOYER _____

EMPLOYER _____

WORK PHONE _____

WORK PHONE _____

AFTER SCHOOL REGISTRATION ONLY

DESIRED START DATE _____

After School Only School Holiday/Inservice Days Summer

DESIRED STATUS _____

ELEMENTARY SCHOOL ATTENDING _____

CURRENT GRADE LEVEL _____

For Office Use Only:	Ck:
Date Received	
Date of Admission	
Date of Withdrawal	

The PREP School of Stone Oak

This PREP School is Owned and Operated by Education Inspiration One, Inc