



# REGISTRATION FORM

\*Please attach applicable non-refundable Registration Fee

OPERATION NAME The PREP School of Journey Parkway

DIRECTOR NAME Crystal Walter

## CHILD INFORMATION

NAME \_\_\_\_\_

NICKNAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

GENDER  MALE  FEMALE

DATE OF BIRTH \_\_\_\_\_

STATUS OF PARENTS:  MARRIED  COMMITTED  
 SEPARATED  DIVORCED  
 OTHER

## FATHER OR GUARDIAN

NAME \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_

WORK PHONE \_\_\_\_\_

## REGISTRATION DETAILS

TODAY'S DATE \_\_\_\_\_

DESIRED START DATE \_\_\_\_\_

DESIRED SCHEDULE  FULL TIME

M/W/F \*

T/TH \*

CLASS \_\_\_\_\_

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

CHILD LIVES WITH: \_\_\_\_\_

## MOTHER OR GUARDIAN

NAME \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_

WORK PHONE \_\_\_\_\_

## AFTER SCHOOL REGISTRATION ONLY

DESIRED START DATE \_\_\_\_\_

DESIRED STATUS \_\_\_\_\_

ELEMENTARY SCHOOL ATTENDING \_\_\_\_\_

CURRENT GRADE LEVEL \_\_\_\_\_

After School  School Holiday/Inservice Days

Summer Only

The PREP School of Journey Parkway

3421 Journey Parkway, Leander, TX 78641

This PREP School is Owned and Operated by Little Farmhouse, LLC.

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