



REGISTRATION FORM

*Please attach applicable non-refundable Registration Fee

OPERATION NAME The PREP School of McKinney

DIRECTOR NAME Sarah Krist

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 McKinney

5317 W University Dr. McKinney, Tx 75071

This PREP School is Owned and Operated by Preschool Educational Management LLC

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