



# REGISTRATION FORM

\*Please attach applicable non-refundable Registration Fee

OPERATION NAME The PREP School of Bee Cave

DIRECTOR NAME \_\_\_\_\_

## 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  School Holiday/Inservice Days  Summer Only

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

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

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

The PREP School of Bee Cave 14001 Bee Cave Parkway-Building A, Bee Cave, TX 78738

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

This PREP School Location is Independently Owned and Operated by R & S PREP School Operating Two, Inc.