

Chapelwood School for Young Children
11140 Greenbay ~ Houston, Texas 77024
713-465-4657
cpark@chapelwoodschool.org

Birthdate between 9/01/09 – 2/28/10

Date Received:
Time Received:

\$ Received _____

2012-2013
2-1/2 years

Placed
 Wait Listed

- NEW STUDENT
 RETURNING STUDENT
 SIBLING OF CURRENT STUDENT

Registration Application for Admittance

Child's Name _____ Name Child Uses _____
Address _____ City _____ Zip Code _____
Home Phone (____) _____ - _____ Date of Birth ____/____/____
Current Teacher _____ Days Attending: M/W/F T/TH M-F
 Male Female E-Mail Address _____
Chapelwood School alumni? Yes No Year family last attended Chapelwood School? _____
Chapelwood UMC church member? Yes No Willing to waive church discount? Yes No
Include in School Directory? Yes No
Permission to display pictures Church newsletter school classroom/event school website (no names)
Mother's Name _____ Father's Name _____
Profession _____ Profession _____
Employer _____ Employer _____
Business Phone No. (____) _____ - _____ Business Phone No. (____) _____ - _____
Cellular No. (____) _____ - _____ Cellular No. (____) _____ - _____
Names and Birth dates of Applicant's Siblings attending Chapelwood
Name _____ DOB _____ Name _____ DOB _____
Name _____ DOB _____ Name _____ DOB _____

Preschool Program **2-1/2 Years** **9:00 a.m. – 2:00 p.m.**
Please choose in order of preference 1, 2, 3

- _____ \$ 310.00 2-day program: Tuesday, Thursday
_____ \$ 340.00 3-day program: Monday, Wednesday, Friday
_____ \$ 380.00 5-day program: Monday – Friday

I understand that placement will be made according to my preference and if space is available for my choice. All attempts will be made to grant first or second choice.

*As Parent (or guardian) I recognize my right to withdraw my child from the School and terminate the relationship with the School for any reason. Similarly, I acknowledge the School's rights, and agree that the School has the right to refuse to accept a student or to expel a student and terminate the relationship with the family if (1) the information provided to the School is in any way inaccurate or misleading, (2) the child or any family member displays inappropriate behavior as determined by the School, or (3) for any other reason at the discretion of the School. Through my signature, I hereby verify the accuracy of the information provided to the School in and with these forms, and that I have registered my child at Chapelwood School for Young Children as indicated herein. I understand and agree that any registration fees paid are non-refundable. **There are no exceptions.***

Parent or Guardian Signature

Date