

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

Birthdate 9/01/07 -8/31/08

Date Received:
Time Received:

\$ Received _____

**Pre-Kindergarten Program
2012-2013
4 Years**

Placed
 Wait Listed

NEW STUDENT **Registration Application for Admittance**
 RETURNING STUDENT
 SIBLING OF CURRENT STUDENT

Child's Name _____ Name Child Uses _____

Address _____ City _____ Zip Code _____

Home Phone (____) _____ - _____ Date of Birth ____/____/____

Current Teacher _____ Days Attending: M/W/F T/W/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 birthdates of Applicant's Siblings attending Chapelwood

Name _____ DOB _____ Name _____ DOB _____

Name _____ DOB _____ Name _____ DOB _____

Preschool Program

4 Years

9:00 a.m. – 2:00 p.m

Please choose in order of preference 1, 2, 3

_____ \$ 365.00 4-day program: Monday-Thursday **9 until 2**

_____ \$ 380.00 5-day program: Monday – Friday **9 until 2**

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