

Chapelwood School for Young Children  
11140 Greenbay ~ Houston, Texas 77024  
713-465-4657  
[cpark@chapelwoodschool.org](mailto:cpark@chapelwoodschool.org)

Date Received:  
Time Received:

\$ Received \_\_\_\_\_

- Placed
- Wait Listed

**Bridge Program**  
**2012-2013**  
**5 years**

- 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-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 \_\_\_\_\_ Profession \_\_\_\_\_ Employer \_\_\_\_\_  
Business Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cellular No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Father's Name \_\_\_\_\_ Profession \_\_\_\_\_ Employer \_\_\_\_\_  
Business Phone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cellular No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Names and birth dates of Applicant's Siblings attending Chapelwood  
Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_  
Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_  

**Bridge Program** **5 Years**

9:00 a.m. – 2:00 p.m. / Monday- Friday

\$ 380 5-day program: Monday – Friday

*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 \_\_\_\_\_