



Application for Fall Enrollment 2020-2021

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Fall
 Summer
 Both

STUDENT INFORMATION

Today's Date:	Child's Birth Date (M/D/Y):		
Child's Full Name (Nickname):	Home Phone: () —		
Admission Date:	Withdrawal Date:	Age:	Sex: <input type="checkbox"/> F <input type="checkbox"/> M
Home Address:	City:	State:	Zip:
Name and Address of School Attended (His/her immunization record is on file at the school and all required immunizations are current. Vision and Hearing screening records are also on file):			

CLASS DESIRED (CHOOSE ANY THAT APPLY)

School Day
Preschool

Infants (Newborn - 11 months by the first day of class) (8:30 am - 3:30 pm)	<input type="checkbox"/> 3 DAYS	<input type="checkbox"/> 5 DAYS
1 Year Old (must be walking by the first day of class) (8:30 am - 3:30 pm)	<input type="checkbox"/> 3 DAYS	<input type="checkbox"/> 5 DAYS
Young 2 Year Old (2 by the first day of class) (8:30 am - 3:30 pm)	<input type="checkbox"/> 3 DAYS	<input type="checkbox"/> 5 DAYS
Older 2 Year Old (2 by the first day of class) (8:30 am - 3:30 pm)	<input type="checkbox"/> 3 DAYS	<input type="checkbox"/> 5 DAYS
3 Year Old (3 and potty trained by the first day of class) (8:30 am - 3:30 pm)	<input type="checkbox"/> 3 DAYS	<input type="checkbox"/> 5 DAYS
4-5 Year Old (8:30 am - 3:30 pm)	<input type="checkbox"/> 3 DAYS	<input type="checkbox"/> 5 DAYS

Full-Day
Preschool

Infants (Newborn - 11 months by the first day of class) (6:45 am - 6:30 pm)	<input type="checkbox"/> 3 DAYS	<input type="checkbox"/> 5 DAYS
1 Year Old (must be walking by the first day of class) (6:45 am - 6:30 pm)	<input type="checkbox"/> 3 DAYS	<input type="checkbox"/> 5 DAYS
Young 2 Year Old (2 by the first day of class) (6:45 am - 6:30 pm)	<input type="checkbox"/> 3 DAYS	<input type="checkbox"/> 5 DAYS
Older 2 Year Old (2 by the first day of class) (6:45 am - 6:30 pm)	<input type="checkbox"/> 3 DAYS	<input type="checkbox"/> 5 DAYS
3 Year Old (3 and potty trained by the first day of class) (6:45 am - 6:30 pm)	<input type="checkbox"/> 3 DAYS	<input type="checkbox"/> 5 DAYS
4-5 Year Old (6:45 am - 6:30 pm)	<input type="checkbox"/> 3 DAYS	<input type="checkbox"/> 5 DAYS

SUMMER
PROGRAM

Circle Time: 8:30 am - 3:30 pm 6:45 am - 6:30 pm

Check Days: 3 DAYS 5 DAYS

Child's Age _____

June _____ **July** _____ **Both** _____

After school care (3 pm - 6:30 pm) Yes _____ No _____ **Child's Age** _____ **Grade** _____ **School** _____

FAMILY INFORMATION

Father's Name:	Mother's Name:
Occupation:	Occupation:
Home Address (if different from above):	Home Address (if different from above):
Business Address:	Business Address:
Business Phone: () —	Business Phone: () —
His Cell Phone: () —	Her Cell Phone: () —
His Email:	Her Email:
His FaceBook Address:	Her FaceBook Address:
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Widowed	
Child Lives With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandparents <input type="checkbox"/> Guardians	
How Family Handles the Bill: <input type="checkbox"/> Both Parents <input type="checkbox"/> Divorced (each pay a portion) <input type="checkbox"/> Blended Family <input type="checkbox"/> Third Party	
Brother's Names and Ages:	Sister's Names and Ages:

PICK UP (PU)/EMERGENCY CONTACT (EC)

Please list all adults (other than parents) authorized to pick up (PU) your child. Also list an emergency contact (EC) to reach in case of an emergency if we can not reach either parent.

<input type="checkbox"/> PU <input type="checkbox"/> EC	Name:	Cell Phone:	Home Phone:
Relationship:	Work Phone:	Address:	
<input type="checkbox"/> PU <input type="checkbox"/> EC	Name:	Cell Phone:	Home Phone:
Relationship:	Work Phone:	Address:	
<input type="checkbox"/> PU <input type="checkbox"/> EC	Name:	Cell Phone:	Home Phone:
Relationship:	Work Phone:	Address:	
<input type="checkbox"/> PU <input type="checkbox"/> EC	Name:	Cell Phone:	Home Phone:
Relationship:	Work Phone:	Address:	
<input type="checkbox"/> PU <input type="checkbox"/> EC	Name:	Cell Phone:	Home Phone:
Relationship:	Work Phone:	Address:	

Please explain any special situations with regards to any restrictions for people that have contact with your child. In addition, if there are custody issues involving your child, please attach a copy of any legal court documents with information regarding this.

PERMISSIONS

Transportation: I Hereby Give Do Not Give My consent for my child to be transported and supervised by the Learning Centers' employees:

Emergency Care Field Trips

Field Trips: I Hereby Give Do Not Give My consent for my child to participate in Field Trips:

Parent's Comments:

Water Activities: I Hereby Give Do Not Give My consent for my child to participate in Water Activities:

Sprinkler Play Splashing/Wading Pools Swimming Pools Water Table Play

I understand that the following meals will be served to my child while in care:

AM Snack

CHURCH AFFILIATION

Church Attending: _____ **City:** _____

Pastor: _____ **Are you a member of the church you attend:** Yes No

Is father a Christian: _____ **Is mother a Christian:** _____

MISCELLANEOUS

What words does your child use when he/she needs to use the restroom?

What are your child's favorite games?

What are your child's favorite books and toys?

Are there any problems regarding your child's behavior which you feel we should be aware of? Yes No
(If yes, explain)

How did you hear about Temple Christian Learning Center?

I do hereby certify that all of the information contained in this document is correct as of the date signed. I also acknowledge receipt of Parent Handbook/policy & procedures including those for discipline and guidance.

Parent/Guardian Signature _____

Date _____

OFFICE USE ONLY

Received By/Date _____/_____/_____ **CC Billing Office—Input Date** ____/____/____ **Teacher's Name:** _____

Registration Fee (Amount/Method) _____/_____
Curriculum Fee (Amount/Method) _____/_____