



# Application for Fall Enrollment 2021-2022

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**Fall**     
  **Summer**     
  **Both**

STUDENT INFORMATION			
<b>Today's Date:</b>	<b>Child's Birth Date (M/D/Y):</b>		
<b>Child's Full Name (Nickname):</b>	<b>Home Phone:</b> (    )    —		
<b>Admission Date:</b>	<b>Withdrawal Date:</b>	<b>Age:</b>	<b>Sex:</b> <input type="checkbox"/> <b>F</b> <input type="checkbox"/> <b>M</b>
<b>Home Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Name and Address of School Attended</b> (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	<b>Circle Time:</b> 8:30 am - 3:30 pm      6:45 am - 6:30 pm <b>Check Days:</b> <input type="checkbox"/> 3 DAYS <input type="checkbox"/> 5 DAYS <b>Child's Age</b> _____ <b>June</b> _____ <b>July</b> _____ <b>Both</b> _____

### FAMILY INFORMATION

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

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

**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)** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_