

Coppell Child Development Center Student Registration

School Year: _____ -- _____

Child's Full Name _____ Name Child goes by: _____

Known Allergies _____ Sex _____

Date of Birth _____ Age on September 1 _____

Sibling(s) at CCDC _____

CLASS PREFERENCE: First Choice		Second Choice		
One Year Olds	Two Year Olds	Three Year Olds	Four Year Olds	Five Year Olds
8:45 - 2:00	8:45 - 2:00	8:45 - 2:00	8:45 - 2:00	8:45 - 2:00
Mon	M W F	M W F	M W F	M - TH
Tues	T / TH	T / TH	T / TH	
Wed	T/W TH	T W TH	T W TH	
Thurs	M-TH or T-FRI	M-TH or T-FRI	M-TH or T-FRI	
Fri	M - F	M - F	M - F	
(Office Use: _____)				

Father's name _____	Mother's Name _____	
First, Last	First, Last	
Street Address _____		
City _____	Zip _____	Home Phone _____
Father's Email _____	Mother's Email _____	
Father's Work Phone _____	Mother's Work Phone _____	
Father's Cell Phone _____	Mother's Cell Phone _____	

- Classes that do not have sufficient demand will not be offered.
- We reserve the right to refuse admission to a student for any health condition.

Signature of Parent or Guardian _____ Date _____

OFFICE USE ONLY: Date _____ Payment Amt. _____ Cash / Check # _____

Student admitted to CCDC on _____ First School Day _____

Student withdrawal notification _____ Last School Day _____