

Coppell Child Development Center

Registration Application

20__ - 20__ School Year

Child's Full Name _____ Name Child goes by _____

Known Allergies _____ Sex | Male Female

Date of Birth _____ Age on SEPTEMBER 1 _____

Sibling(s) at CCDC _____ Language Spoken in Home _____

Class Preference – Choose your child's Day(s) and hours!

Choose Your Days –
Select 2 – 5 days!

M | T | W | TH | F

Choose Your Hours –

JUST ONE!

7:45 – 2:00

8:45 – 2:00

7:45 – 4:00

8:45 – 4:00

Father's Name _____ Mother's Name _____

Street Address _____

City _____ Zip _____ Home Phone _____

Father's E-mail _____ Mother's E-mail _____

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 on _____ Last school day _____