

Bluebonnet School of Cedar Park

3420 El Salido Parkway
Cedar Park, Texas 78613
(512)331-9009

Application for Enrollment

How did you hear about Bluebonnet School? _____

Sponsor/Parent Name (Circle One) Mr. / Mrs / Ms.	Marital Status
Address Apt. City State Zip	Subdivision
Home Telephone	Drivers License No.
Employer	Relationship to Child
Employer's Address	Work Telephone
E-mail address	Cell Telephone or Pager

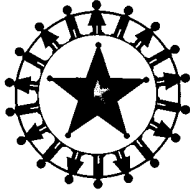
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Child's Full Name	Name Called	Ages of Siblings
Address Apt. City State Zip	Start Date Preferred	
Birthdate	If school-age, current grade in school	School Currently Attending
		Sex (Circle One) M F

Check the program desired for your child. Class assignment will be based on our staff's evaluation of the child and space available.

Approximate Ages	Mon.- Fri. (6:45 - 6:30)	Mon. - Fri. (6:45 - 3:00)	Mon./Wed./Fri. (6:45 - 6:30)	Tues./Thurs. (6:45 - 6:30)	Afterschool (3:00 - 6:30)
___ Younger Infants (2-12 mos.)		n.a.	n.a.	n.a.	n.a.
___ Older Infants (12-18 mos.)		n.a.	n.a.	n.a.	n.a.
___ Younger Toddlers (18-24 mos.)		n.a.			n.a.
___ Toddlers (21-36 mos.)		n.a.			n.a.
___ Preschool (3s)		n.a.			n.a.
___ Pre-Kindergarten (4s)		n.a.			n.a.
___ Kindergarten (5s)			n.a.	n.a.	n.a.
___ After-school Program	n.a.	n.a.	n.a.	n.a.	
___ School-age Summer Camp		n.a.	n.a.	n.a.	n.a.

Person Completing Form (Print) _____ (Signature) _____ Date _____



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In order to serve your family better and to help our teachers get to know your child, we ask that you give us some information about your child and your family.

Your Child's Name _____ Age _____ Your Signature _____

Program Desired _____ Today's Date _____ Preferred Start Date _____

Has your child been enrolled at a preschool or afterschool facility before? If so, where? What was your reason for leaving?

If your child is under 24 months old, is your child walking? If not, how mobile is she or he?

If your child is 18 months old or older, is your child potty trained? How much assistance does the child need with toileting?

Tell us about your child's personality.

How does your child get along with other children?

Tell us about any special needs your child may have and what you would like us to do to accommodate them.

What is the state of any custody/guardianship agreement concerning the child?