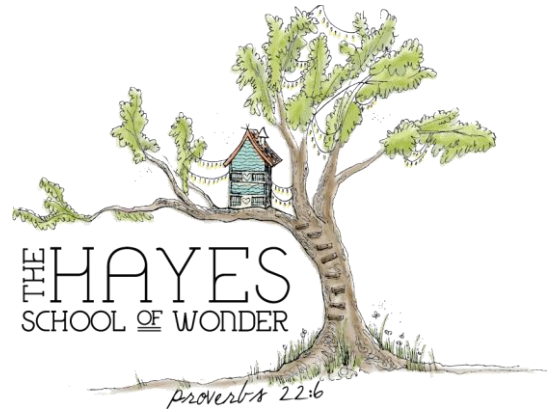


## Student Application Form

### Instruction Sheet



Due with application (*non-refundable*): \$50 enrollment fee

Due by **August 1st**: \$75 supply fee

**\*Cash Check or Credit Cards accepted**

OPTION  
1

Mail your application along with payment to:

The Hayes School of Wonder  
3601 Huffines Blvd  
Carrollton, TX 75010

OPTION  
2

Drop off your application in person at:

The Branch Church | Vista Ridge Campus  
3601 Huffines Blvd  
Carrollton, TX 75010

During school days:

Tuesday, Wednesday, or Thursday  
Between 9:00 am – 2:00 pm

OPTION  
3

Drop off your application during church services:

Thursday – between 6:00 pm – 8:15 pm  
Sunday – between 8:45 am - 12:15 pm

\*Find The Hayes School of Wonder Mailbox in the Kids Branch wing at The Branch Church | Vista Ridge Campus.

Thank you for applying to The Hayes School of Wonder. We look forward to speaking with you soon!

-Charlotte Pope, Director

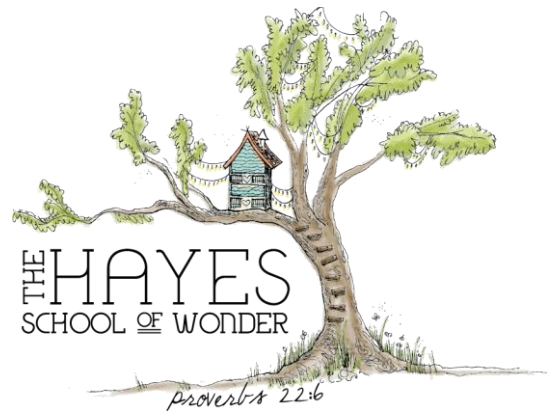
For additional information or questions, please contact us:

TheHayesSchoolofWonder.com | 972-855-8506 | ContactUs@TheHayesSchoolofWonder.com

Today's Date \_\_\_\_\_

# Student Application Form

Parent Email: \_\_\_\_\_



Circle One: Tues/Thurs Tues/Wed/Thurs

Circle One: Before Care (8-9am) After Care (2-3pm) Both Before and After Care

T-shirt size: 2T 3T 4T 5/6 7/8

Child's Name		*Child must be 2 years of age by September 1 <sup>st</sup>	
Last:	First:	Nickname or "Goes By":	Birthdate:
Middle:			
Street Address:		City:	Zip Code:

Child's Parent/Guardian Name:	Home Phone:	Cell Phone:
	(       ) -	(       ) -
Street Address:	City:	Zip Code:
Child's Parent/Guardian Name:	Home Phone:	Cell Phone:
	(       ) -	(       ) -
Street Address:	City:	Zip Code:

## Child's Health Information

Special health problems? Yes or No? If yes, specify:	Allergies, including drug reactions? Yes or No? If yes, specify:
Regular medications? Yes or No? If yes, specify:	Other important information? Yes or No? If yes, specify:

## Parental/Guardian Signature

I understand that the enrollment fee is non-refundable and due at the time of application submission.  
I verify the information above is correct.

Parent/Guardian Signature:	Date:
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# The Hayes School of Wonder

## Credit Card/Debit Card Authorization Form

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Credit Card Type (Circle one):    Visa    MasterCard    Discover    AMEX

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Security Code: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please select one of the following:

\_\_\_\_ I authorize The Hayes School of Wonder to initiate a ONE time payment of \$ \_\_\_\_\_.

\_\_\_\_ I authorize The Hayes School of Wonder to initiate payment in the amount of \$ \_\_\_\_\_ on the 1<sup>st</sup> of each month for the duration of the school year (September – May). In addition, I authorize any additional charges related to my child's account.

\*\*\*Account holder will be notified before any additional charges are made.

I understand that I may cancel this recurring monthly tuition charge upon a 30 day written notice to The Hayes School Director or Assistant Director. If notice is not given 30 days prior, I authorize the following month's tuition to be charged.

Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_