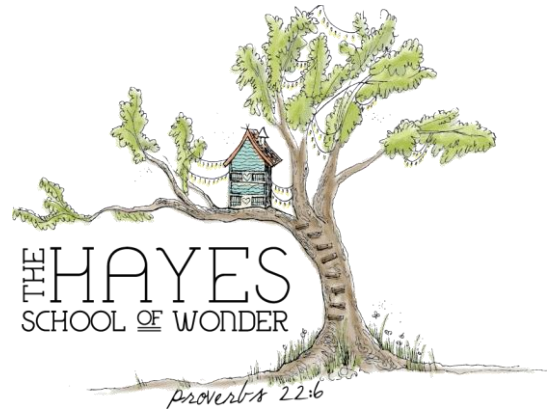


Student Application Form

Instruction Sheet



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

Supply fees are due by **August 15th**

***Please note The Hayes School will be located at Irving Bible Church,
2435 Kinwest Pkwy, Irving for the 2018-2019 school year**

OPTION 1

Mail or email your application along with payment to:

The Hayes School of Wonder
3601 Huffines Blvd.
Carrollton, TX 75010
Chelsea@thehayesschoolofwonder.com

OPTION 2

Drop off your application in person at:

The Branch Church | Vista Ridge Campus
3601 Huffines Blvd. Carrollton, TX 75010
Tuesday, Wednesday, or Thursday
Between 9:00 am – 2:00 pm

Class Options:

All classes are 9 am – 2 pm Before and After care available 8-9 am and 2-3 pm

2 day (Monday/Thursday) *2's and 3's classes only*

3 day (Monday/Wednesday/Thursday) *2's, 3's, and 4's classes only*

4 day (Monday/Tuesday/Wednesday/Thursday) *4's and PreK classes only*

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

-Charlotte Pope, Director

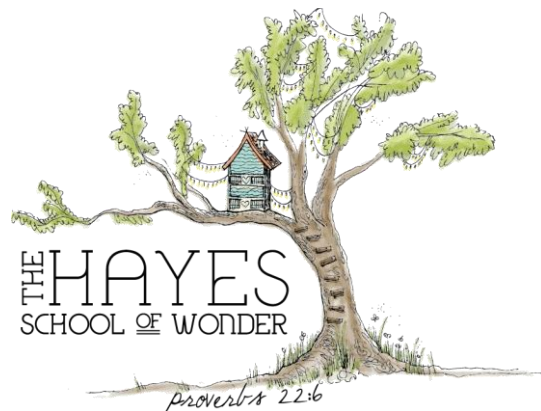
For additional information or questions, please contact us:

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

Today's Date _____

Student Application Form

Parent Email: _____



Circle One: 2 days 3 days 4 days Carpool: **Yes / No (limited to 35 families)**

Circle One: **Before Care** **After Care** **Both Before and After Care**

T-shirt size: **2T** **3T** **4T** **5/6** **7/8** Gender: **Male** **Female**

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

Mother's Name:	Home Phone:	Cell Phone:
	() -	() -
Street Address:	City:	Zip Code:
Father's 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:
----------------------------	-------

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 1st 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: _____