The Mustard Seed Early Learning Center
11555 Galm Rd. Ste 200 •San Antonio, TX 78254
(210) 688-7003 Fax (210) 688-7013

PRE-REGISTRATION INFORMATION

All sections must be filled out completely prior to enrollment

CHILD'S NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP CODE** _____

CHILD'S DATE OF BIRTH _____

MOTHER'S NAME _____

MOTHER'S MOBILE PHONE NUMBER _____

MOTHER'S EMAIL ADDRESS _____

FATHER'S NAME _____

FATHER'S MOBILE PHONE NUMBER _____

FATHER'S EMAIL ADDRESS _____

MY CHILD WILL ATTEND:

____ FULL TIME _____ 3 DAYS/WEEK M, T, W, TH, F _____ 2 DAYS/ WEEK M, T, W, TH, F

EXPECTED START DATE: _____

MY CHILD ATTENDS THE FOLLOWING PUBLIC SCHOOL _____

I ACKNOWLEDE THE FOLLOWING:

___ THE REGISTRATION FEE IS NON-REFUNDABLE.

___ MY CHILD'S TUITION RATE IS: $_____/WEEK

___ ALL FORMS REQUIRED FOR REGISTRATION ARE DUE ON OR BEFORE MY CHILD'S FIRST DAY OF ATTENDANCE. (THIS INCLUDES THE HEALTH STATEMENT SIGNED BY A PHYSICIAN)

Parent Signature_____ **Date**_____