



Aleido ISD Child Development Center

Today's Date: _____

Anticipated Start Date _____

Student Information:

First Name _____ Middle Name _____

Last Name _____ Nickname _____

DOB _____ (or due date) Sex _____

Home Address: _____

City _____ State _____ Zip _____

Employee/ Parent Information:

First Name _____ Last Name _____

Home Address: _____

City _____ State _____ Zip _____

Cell # _____ Work # _____

Email _____ Campus _____

Additional Parent/Guardian Information:

First Name _____ Last Name _____

Home Address: _____

City _____ State _____ Zip _____

Cell # _____ Work # _____

Email _____ Employer _____

Emergency Contacts: In the event a parent/guardian cannot be reached, please call:

1) Relationship to student: _____ Can transport? ____ Yes ____ No

First/Last Name _____ Cell # _____

Work # _____

Address: _____ City _____ State _____

Driver's License # _____ State _____ ZIP _____

2) Relationship to student: _____ Can transport? ____ Yes ____ No

First/Last Name _____ Cell # _____

Work # _____

Address: _____ City _____ State _____

Driver's License # _____ State _____ ZIP _____

• I understand that the \$75 Registration fee is non-refundable and that it is not a guarantee of enrollment. Enrollment will be based on a first come, first serve basis. In the event there is not a spot available in the classroom, my child will be placed on a waitlist. My registration fee will be good for one year from the date this form is accepted by Aledo ISD Child Development Center.

Signature of Aledo ISD Employee

Date

Signature of Aledo ISD Director or Designee

Date

Office Use Only:

*Registration payment made: Check or money order payable to Aledo ISD (delivered to the CDC)

Paid _____

*Online at My School Bucks

Paid _____

\$75 Per Family