



**Prep N' Play Academy LLC**  
**1901 S HWY 183**  
**Leander, TX 78641**  
**(512) 337 - 7364**  
<https://prepnplay.com>

**Parent/Guardian Information** Registration Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

Mother's SS#: \_\_\_\_\_

**Mother/Guardian** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

Father's SS# \_\_\_\_\_

**Father/Guardian** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Employed By: \_\_\_\_\_ Office Phone: ( ) \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Separated  Widowed  Other \_\_\_\_\_

**Child Information**

**1<sup>st</sup> Child** First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_ Allergies: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?  
\_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Pediatrician's Address: \_\_\_\_\_

**Photographs: May we include your child's photo on our website and for social media purposes?  Yes  No**

**Child Information**

**2<sup>nd</sup> Child** First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender: [ ] Male [ ] Female Date of Birth: \_\_\_\_\_ Allergies: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?  
\_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone:( ) \_\_\_\_\_

Pediatrician's Address: \_\_\_\_\_

**Photographs: May we include your child's photo on our website and for social media purposes? [ ] Yes [ ] No**

**Child Information**

**3<sup>rd</sup> Child** First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender: [ ] Male [ ] Female Date of Birth: \_\_\_\_\_ Allergies: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?  
\_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone:( ) \_\_\_\_\_

Pediatrician's Address: \_\_\_\_\_

**Photographs: May we include your child's photo on our website and for social media purposes? [ ] Yes [ ] No**

**Child Information**

**4<sup>th</sup> Child** First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_ Grade/Class \_\_\_\_\_

Child's Address: \_\_\_\_\_

Gender: [ ] Male [ ] Female Date of Birth: \_\_\_\_\_ Allergies: \_\_\_\_\_

List any existing medical conditions, medication and/or special attention your child may require?  
\_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_ Phone:( ) \_\_\_\_\_

Pediatrician's Address: \_\_\_\_\_

**Photographs: May we include your child's photo on our website and for social media purposes? [ ] Yes [ ] No**

**Emergency Contacts & Authorized Pickup Persons:**

**1<sup>st</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ PIN for check in/out (4 digits, numbers only) \_\_\_\_\_

Able to pick up all children in the family.

Not able to pick up the following children: \_\_\_\_\_

**2nd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ PIN for check in/out (4 digits, numbers only) \_\_\_\_\_

Able to pick up all children in the family.

Not able to pick up the following children: \_\_\_\_\_

**3rd Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_ PIN for check in/out (4 digits, numbers only) \_\_\_\_\_

Able to pick up all children in the family.

Not able to pick up the following children: \_\_\_\_\_

**Tuition / Payment Information:**

Current Tuition Amount: \_\_\_\_\_  Monthly  1<sup>st</sup> and 15<sup>th</sup>

Please list whom is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

\_\_\_\_\_

**Requested Schedule: \*Please circle one**

<b>Infant</b>	<b>Toddler</b>	<b>Preschool</b>	<b>Kindergarten</b>
Full Time	Full Time	Full Time	Full Time
2- day (T, Th)	2-day (T, Th)	2-day (T, Th)	2-day (T, Th)
3- day (M, W, F)	3-day (M,W,F)	3-day (M, W, F)	3-day (M, W, F)
Half Day	Half Day	Half Day	Academic Day

**Signature:**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_