



Intent to Enroll

Child's full name _____

Birthdate _____ School year expecting to enroll _____

Mom's full name _____ Cell phone _____

Email _____

Father's full name _____ Cell phone _____

Email _____

Address _____

Zoned elementary school _____

My child will be given priority consideration when the appropriate school year registration is open to the community. Receipt of this "intent to enroll" does not guarantee a Beehive placement for my child, and the \$75 fee is received en lieu of the application fee.

(Parent Signature)

(Today's date)

_____ \$75 fee paid (check # _____)

Please mail to: Beehive Cooperative Preschool, 3756 University Blvd., Houston, TX, 77005