

TEXAS A&M UNIVERSITY-COMMERCE
CHILDREN'S LEARNING CENTER
P.O. BOX 3011-COMMERCE, TX 75429-3011
903-886-5769

APPLICATION FOR ENROLLMENT

TODAY'S DATE: _____ - _____ - _____

CHILD'S NAME: _____ DATE OF BIRTH: ____ - ____ - ____

MOM'S NAME: _____ DAD'S NAME: _____

I AM: { } STUDENT { } FACULTY/STAFF { } COMMUNITY

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

TELEPHONE: () _____ - _____ (WE MUST BE ABLE TO REACH YOU)

MOM'S SOCIAL SECURITY # _____ - _____ - _____

DAD'S SOCIAL SECURITY # _____ - _____ - _____

MOM'S EMPLOYER: _____ TELEPHONE () _____ - _____

DAD'S EMPLOYER: _____ TELEPHONE () _____ - _____

I WILL NEED CARE:

_____ FALL 20 _____ (YR) _____ SPRING 20 _____ (YR) _____ SUMMER 20 _____ (YR)

DAYS I WILL NEED CARE:

_____ MONDAY-FRIDAY _____ MONDAY, WEDNESDAY, FRIDAY OR

_____ TUESDAY & THURSDAY

PLEASE UNDERSTAND THAT YOU ARE ENROLLING YOUR CHILD FOR THE SEMESTER THAT YOU HAVE INDICATED ABOVE. CARE IS PROVIDED DURING THE SEMESTER ACCORDING TO THE CALENDAR THAT IS ESTABLISHED FOR THE TEXAS A & M UNIVERSITY ACADEMIC YEAR.

THE REGISTRATION FEE IS NON-REFUNDABLE!

REGISTRATION FEE: 1-CHILD-\$65.00
(EACH CHILD AFTER THE FIRST \$55.00)

I AM PAYING FOR _____ REGISTRATION (S)

SIGNATURE OF PARENT

DATE OF APPLICATION

OFFICE USE

REGISTRATION FEE PAID: _____ - _____ - _____

_____ ADMITTED _____ WAITING LIST

DEPARTMENT: ___ INFANTS ___ TODDLERS ___ PRESCHOOL

STARTS: _____