



10602 South Fry Rd, Katy, Texas 77494
 Phone: 281-392-1414
 www.cincoranchkrk.com

Enrollment Application (Short Form)

Father's Name:	Mother's Name:
-----------------------	-----------------------

Address:

Cell # (Dad)	Cell # (Mom)
---------------------	---------------------

Work # (Dad)	Work # (Mom)
---------------------	---------------------

Email (Dad)	Email (Mom)
--------------------	--------------------

Start Date: _____
Full Time ___ **Part Time** ___ **Half Days** ___
Mon ___ **Tue** ___ **Wed** ___ **Thurs** ___ **Fri** ___

Child's Name:	Age:	DOB:
Child's Name:	Age:	DOB:
Child's Name:	Age:	DOB:
Child's Name:	Age:	DOB:

REGISTRATION FEE OF \$200 PER CHILD OR \$300 PER FAMILY IS NON-REFUNDABLE

Signature: _____ **Date:** _____