



The Children's Ark Christian Day School  
 3701 W. Spring Creek Pkwy,  
 Plano, TX 75023  
 972-491-0844  
 Thechildrensark.org

Child's Name \_\_\_\_\_

Start Date \_\_\_\_\_

**ADMISSION INFORMATION**

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

**1<sup>st</sup> PARENT**  
**(Primary Guardian responsible for tuition payment)**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Email address: \_\_\_\_\_

**2<sup>nd</sup> PARENT**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Email address: \_\_\_\_\_

Child's Legal Guardians  Both Parents  Mother  Father  Other: \_\_\_\_\_

Child's Living Arrangements  Both Parents  Mother  Father  Other: \_\_\_\_\_

**Enrollment Type:**  Infant – PreK  After School  Summer school age Camp 360

School Child Attends: \_\_\_\_\_ Grade \_\_\_\_\_ Teacher's Name \_\_\_\_\_

School Address: \_\_\_\_\_ Phone # \_\_\_\_\_

I give permission for my child to be transported from the above named public school to The Children's Ark Christian Day School to attend the after school program, Club Impact.

**Water Activities**

Parent's Initials \_\_\_\_\_ My child (12 months & older) may participate in Splash Day. I understand that on my child's splash day, I need to provide a swimsuit, water shoes, and a towel.

How did you hear about us? \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_