

DREAMLAND & HOPE ACADEMY
840 N. BLVD
UNIVERSAL CITY, TX 78148

ENROLLMENT APPLICATION

REGISTRATION FEE MUST
ACCOMPANY THIS APPLICATION

(A) Student's Name: _____

Home Address: _____

Telephone: _____ Age _____ Birth date _____ Sex _____

(B) Mother's Name _____ CELL PHONE: _____

Occupation _____ DUTY PHONE: _____

Business Address: _____

(C) Father's Name _____ CELL PHONE: _____

Occupation _____ DUTY PHONE: _____

Business Address: _____

Other people who can pick up my child: Name and Phone # _____

FOR DAYCARE & SCHOOL USE ONLY

REGISTRATION FEE _____ START DATE _____