

Discovery Days Preschool, Inc.

Enrollment Application Form

STUDENT INFORMATION

Child's Full Name: _____ Today's Date _____
Name Child Goes By: _____ Date of Birth: _____ Gender: (circle) Male or Female
Home Address: _____
Home Phone: _____ Email: _____
Has your child been in care before? ____ No ____ Yes If so, where _____
How long attended? _____ Child's schedule while in care: _____

PARENT INFORMATION

Father's Name: _____ Cell Number: _____
Father's Address (if different): _____
Father's Place of Employment: _____ Title/Occupation: _____
Work Number: _____ Email: _____
Mother's Name: _____ Cell Number: _____
Mother's Address (if different): _____
Mother's Place of Employment: _____ Title/Occupation: _____
Work Number: _____ Email: _____

FAMILY INFORMATION

Names and ages of other children/persons living in the home.

Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____

ENROLLMENT INFORMATION

Which class placement are you interested in? ____ 2yrs ____ 3yrs ____ 4yrs ____ Pre-K
When do you want to enroll? ____ A.S.A.P. ____ Upon eligibility (at 2yrs of age)
____ First available ____ August (Back to School) ____ January of ____
Have you attended a school tour? ____ Yes/No. Preferred tour time (circle): 10:30AM After Hours (4:45pm)
How were you referred to Discovery Days? _____
Which Elementary School District are you in? _____
Does your child have any allergies or special conditions we should be aware of: _____

Please share anything else you would like us to know about your family: _____
