

THE DISCOVERY YEARS

Enrollment Application

Today's Date: _____ Start Date: _____

Program Information: Full Time: _____ Part Time: _____ Days: _____

Location: Almaden Location Berryessa Location

Child's Information

Child's Full Name: _____ DOB: _____
(First) (Last) (MM/DD/YY)

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian 1

Name: _____

Phone: _____

Email: _____

Parent/Guardian 2

Name: _____

Phone: _____

Email: _____

Emergency Contact (non-guardian)

Name: _____ Relation to child: _____

Home phone: _____ Cell Phone: _____

Allergies or Health Concerns: _____

- Please note that the enrollment is complete when all required paperwork, documentation, and all applicable fees are received by school director and pre-entry meeting has occurred.
- A non-refundable registration fee of \$100 is required to reserve a spot.

Photos: (check one) _____ I DO _____ I DO NOT give my consent to have my child's picture printed in any publicity photographs, which may be taken while attending The Discovery Years. I understand that such a picture may be published in brochures, newspapers, and our website. I understand that there will be no recompense made to me/us for publication of any pictures used.

For us to apply diaper cream and/or sunscreen that you provide for your child, please initial here _____

Please sign below and return to the center's director.

Parent/Guardian Signature

Date: _____

Office Use Only

Meeting Date: _____ Time: _____ Reg. Fee: _____ Date received: _____