

Discovery Zone Learning Center Enrollment Form

Reviewed: _____
Enrollment Date: _____

Parent Information

Mother's Name: _____	Father's Name: _____	
Home Telephone#: _____	Mother's Cell: _____	Father's Cell: _____
Mother's Home Address: _____		
Father's Home Address: _____		
Mother's Work Name and Address & Phone: _____		
Father's Work Name and Address & Phone: _____		
Email Address _____		

Child's Information

Last Name: _____	First Name: _____	M / F	DOB: _____
Children's Address: _____			
Parent Restriction* _____	Yes _____	No _____	Comment: _____
Allergies: _____	Yes _____	No _____	Comment: _____
*Where restriction is requested you must provide documentation showing legal rights.			

Family Pediatric Information

Last Name: _____	First Name: _____		
Office Name: _____	Address: _____		
Phone Number: _____	City: _____	State: _____	Zip: _____
Dentist Name: _____	Dentist Phone#: _____		

Child's Program Information

Application Date: _____	Infant Enrollment-Child's Due Date: _____	Expected Start Date: _____				
Program:	Infant	Toddler	Preschool	Before School	After School	Before & After School
Weekly Schedule: <i>Please be sure to write correct times. Weekly tuition is based on your scheduled hours below. Daily schedule over 9 hours- weekly tuition will need to be adjusted.</i>						
Time:	Monday	Tuesday	Wednesday	Thursday	Friday	
	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	
OFFICE USE ONLY:						
Classroom: _____	Tuition: _____	Registration Fee: _____	Start Date: _____			
LOCATION: _____	MARLBOROUGH	COLUMBIA				

