



REGISTRATION FORM 2024-2025

(PLEASE CIRCLE ALL THAT APPLY): CURRENT STUDENT NEW STUDENT SIBLING

Date: _____

CHILD INFORMATION

Child's Name: (First, Middle, Last)		Nickname:	
Date of Birth (mm/dd/yy):	Age: (as of 9 / 01 / 2024)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Current Address:		City:	State: ZIP Code:
Any known allergies? - Please List:		Epi Pen: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is any medication being taken? - Please List:			
Place of Birth: (Country)	Race/Ethnicity: <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian		
PARENT/GUARDIAN INFORMATION			
<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other:			
Mother/Guardian Name:		Primary Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Home Phone:	Work Phone:	Cell Phone:	
Email:			
Address (if different from student's):		City:	State: ZIP Code:
Occupation:		Employer:	
Employer Address:		City:	State: ZIP Code:
Father/Guardian Name:		Primary Phone:	<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
Home Phone:	Work Phone:	Cell Phone:	
E-mail:			
Address (if different from student's):		City:	State: ZIP Code:
Occupation:		Employer:	
Employer Address:		City:	State: ZIP Code:
Child resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mom Only <input type="checkbox"/> Dad Only <input type="checkbox"/> Mom/Stepdad <input type="checkbox"/> Dad/Stepmom <input type="checkbox"/> Other			
If other, please indicate:			
List any existing medical conditions and/or known developmental delays or concerns (and if you are receiving outside services):			

Physician to be called in the event parents can't be reached:	Phone:
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FOR OFFICE USE ONLY

Date:	Date Enrolled:
Application Fee Amount Paid:	Check #:
Processing Fee Amount Paid:	Check #:
State Forms (6): <input type="checkbox"/> Out <input type="checkbox"/> In	Waiting list #: <input type="checkbox"/> 8:30-2:30 <input type="checkbox"/> Extended Day
	Total Points: Lottery #

DISCOVERY ZONE OF LEARNING

REGISTRATION FORM 2024-2025

PHILOSOPHY, NON-DISCRIMINATORY POLICY & ADA POLICY

Discovery Zone of Learning is a education-centered learning environment designed to help children develop spiritually, academically, emotionally, cognitively, and physically through age-appropriate teacher assisted activities.

Discovery Zone of Learning admits students of any race, color, nationality, and ethnic origin to all the rights, privileges, programs, and activities generally accorded and made available to students at the school. It does not discriminate based on race, color, national origin, and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs and other school-administered programs.

We will provide children with disabilities an equal opportunity to participate in Discovery Zone of Learning's programs and services unless their ability poses difficulty to their health or safety for themselves or for others, and if it requires a fundamental alteration to our program.

ADMISSION REQUIREMENTS

All children must have a recent physical and immunization record on file. All parents must sign a consent for screening and assessments, birth certificate authorization form, permissions, and emergency contact form. A complete enrollment packet must also be on file.

PAYMENT PROCEDURE AND RETURN CHECK FEE

Tuition payments are due every Monday and can be made with cash, via Zelle, CashApp or the Playground app. All payments will be posted in the Playground App within 24 hours. A printout of your payments can be printed from the Playground App. There are no tuition adjustments for holidays and vacations as they are already removed from the yearly rate. A 10% discount will be given on the lower tuition for the second child in the same family when attending together. A late fee of \$20.00 will be charged for any tuition paid after the 10th of the month. Failure to pay tuition for a two-week period without explanation will result in termination from the program.

A check returned for non-payment will result in a \$25.00 charge. Payment by money order or cash will be requested if checks are returned for two consecutive payments.

WITHDRAWAL NOTICE

A two week written notice must be given to the school if it is necessary to withdraw a child from the program. Families wishing to withdraw a child for any length of time (week, month, etc.) but plan must continue to make payments. You are required to continue to pay for tuition to hold your classroom space, if you do not make payments your child's space will be provided to a family who is looking to enroll their child in Discovery Zone of Learning.

TEMPORARY CLOSURE

Temporary campus closure due to unforeseen circumstances, i.e., fire, earthquake, pandemic etc. Teachers will provide virtual activities, if applicable until it is safe to return to the daycare. Weekly tuition payments are still required if your child participate's in the virtual learning.

ADDITIONAL COMMENTS & INFORMATION

Is there any other information about your child that would be helpful to our school staff? (physical disabilities, needs/special accommodations, etc.)

PARTICIPATION WAIVER

I understand that Discovery Zone of Learning is not liable or responsible for claims and/or demands, including any injuries, costs or damages inflicted upon myself and/or my family at any outside school event or activity associated with Discovery Zone of Learning that we participate in. I agree to accept financial responsibility for all costs and assume all risks related to my participation.

Parent Signature: _____ **Date:** _____

ADMISSION AGREEMENT

*I understand that all **Registration & Processing Fees** are **Non-Refundable**. I understand all physician and immunization requirements must be met prior to school entrance. I agree to abide by these policies and herewith enroll my child.*

Parent Signature: _____ **Date:** _____