

25039 Elk Lick Road
South Riding, VA 20152
(703) 895-4850



Today's Date: ___ / ___ / ___
Start Date: ___ / ___ / ___

Enrollment Form

Child's Name: _____

Date of Birth: ___ / ___ / ___

Child's Nickname: _____

Male Female

My Child will attend: Full Time _____ Part Time _____ (Please see below)

2 Days per Week (Tuesday/Thursday) _____ 3 Days per Week (Monday/Wednesday/Friday) _____

Part Time Schedules are subject to availability within each classroom

If applicable, what elementary school does your child attend? _____

Father/Guardian Information:

Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Home Address: _____ City: _____ State/Zip: _____

Occupation: _____ Company: _____

Work Address: _____ City: _____ State/Zip: _____

E-Mail Address: _____

Mother/ Guardian Information:

Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Home Address: _____ City: _____ State/Zip: _____

Occupation: _____ Company: _____

Work Address: _____ City: _____ State/Zip: _____

E-Mail Address: _____

*Please note, parental information must match that of the birth certificate unless a legal custody agreement is in place and provided to the center Administrators.

Siblings:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Has your child attended any other preschools? Please circle: Yes No

School Name/Location: _____

School Name/Location: _____

Why did you change schools? _____

Parent Authorization for Emergency Medical Treatment:

If Parents/Guardians cannot be reached in the event of an emergency, I authorize Discovery Station Learning Center employees to obtain emergency medical treatment for my child, _____.

Parent/Guardian Name (Please Print): _____

Signature: _____ Date: _____

Subscribed and sworn to before me on this _____ Day of _____, _____

Notary Public: _____ My Commission Expires: _____

Emergency Contacts:

I, _____, authorize the following people to pick up or drop off my child as well as to be contacted in the event of an emergency if the parents/guardians cannot be reached. **TWO** people must be listed and must live at separate addresses. **This information must be filled out completely.** It is not necessary for emergency contacts to live in the immediate metro area.

Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Home Address: _____ City: _____ State/Zip: _____

Relationship to Child: _____

Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Home Address: _____ City: _____ State/Zip: _____

Relationship to Child: _____

In the event that someone not listed above will be picking up your child, it is our preference to receive this change in writing prior to the time of pick-up. However, we do understand that emergencies arise. In the case that you need to add an additional authorized pick-up by phone, you will be asked to supply a personal password. This password should be one word and something that only the parents/guardians should know. Please list that password here: _____.

Identity Verification: (Staff use only)

Birth Certificate Number: _____ Birth Date: ____/____/____

Place of Birth: _____ Date Issued: ____/____/____

Other Form of Proof: _____

Tell us a little about your child.

Please advise if your child has any of the following:

1. Special physical conditions? _____
2. Visual impairments? _____
3. Hearing impairments? _____
4. Allergies? _____
If so, what is the plan of action? _____
5. Mental, Emotional or Behavioral Concerns? _____

6. Does your child have an IEP, IHP or Behavior Modification Program? Yes No
If yes, please specify and provide for center records. _____
7. Does your child take any medications regularly?
If yes, please list medication(s)? _____
8. Does your child have any special toileting needs? _____

9. Describe your child's level of speech: _____

Please check if your child has had any of these communicable diseases:

Measles _____ Mumps _____ Chicken Pox _____ Whooping Cough _____

Has your child been diagnosed with any chronic medical conditions? _____

Name of Doctor: _____ Phone Number: _____

Name of Dentist: _____ Phone Number: _____

Information about your child:

1. What are your goals for your child this year? _____

2. What experience has your child had interacting with other children? _____

3. What age children is your child the most comfortable with? _____
4. Is there anything else you would like us to know about your child? _____

5. What are some of your child's favorite activities at home? _____

6. In what ways would you like us to help your child this year? _____

Financial Agreement:

I, _____, the Parent/Guardian of _____ agree to pay tuition by the first day that my child attends each week. I understand that I will incur a late fee on Thursday morning if tuition is not current. I understand that if my account becomes more than two weeks in arrears, my child care will be terminated. I also understand that if I am late picking up my child, I will incur a \$15 fee at 6:35pm. In addition, a \$1.00 per minute charge will be in effect for every minute thereafter. I agree to pay all costs and expenses including, without limitation, court costs and reasonable attorney fees incurred by Discovery Station Learning Center in connection with the collection of debts and the enforcement of this agreement.

Parent/Guardian Signature

Date

Hold Harmless Agreement:

I, _____, the Parent/Guardian of _____ understand that Discovery Station Learning Center does not guarantee services of an employee or staff outside of our school grounds. I agree to release and hold harmless Discovery Station Learning Center and its employees, from any accident or harm that may occur should I use the services of any Discovery Station employee for the care of my child(ren) outside the center. I understand that Discovery Station does not condone or encourage any of its employees to babysit for the parents enrolled in our school. If I choose to ask for this service from a Discovery Station employee in any capacity, Discovery Station holds no responsibility and is held harmless from any incident which may occur.

Parent/Guardian Signature

Date

Parent Declaration:

By signing below I attest that the above information is true to the best of my knowledge and that any and all changes to this information will be reported to the center administrators immediately.

Mother/Guardian Signature: _____ Date: _____

Father/Guardian Signature: _____ Date: _____

Director's Signature: _____ Date: _____