



New Discoveries Enrollment Application



Application must be complete for enrollment consideration. Incomplete applications will not be processed.
Application fee of \$80.00 per child must be remitted with Enrollment Application for processing. Fee is non-refundable.

Child's Name: _____ Age of Child _____ Requested Start Date: _____
(last Name) (First Name) (Initial)

Address _____

City, State, Zip _____ Phone # _____

Date of Birth _____ Sex M ___ F ___ Child's Social Security # _____ (not required)

Please mark days and times you are requesting: (check day and fill in arrival and departure times)

Set Schedule Variable Schedule: (circle one) Weekly Monthly Other: _____

Monday: Arrival Time _____ Departure Time _____

Tuesday: Arrival Time _____ Departure Time _____

Wednesday: Arrival Time _____ Departure Time _____

Thursday: Arrival Time _____ Departure Time _____

Friday: Arrival Time _____ Departure Time _____

Enrolling Parent/Guardian Name: _____ Your Birth date _____
(last Name) (First Name) (Initial)

Social Security Number: _____ Relationship to Child _____ Drivers License # _____

Address _____ City/State/Zip _____

E-mail Address _____ Home Phone# _____ Cell Phone# _____

Work/Business Name _____ Work Phone # _____ Address _____

Work Hours _____ Are you a Student (y/n) _____ School attending _____ Field of Study: _____

Level of Study: Freshman Sophomore Junior Senior Graduate PhD

Second Parent/Guardian Name: _____ Your Birth date _____
(last Name) (First Name) (Initial)

Social Security Number: _____ Relationship to Child _____ Drivers License # _____

Address _____ City/State/Zip _____

E-mail Address _____ Home Phone# _____ Cell Phone# _____

Work/Business Name _____ Work Phone # _____ Address _____

Work Hours _____ Student (y/n) _____ School attending _____ Field of Study: _____

Level of Study: Freshman Sophomore Junior Senior Graduate PhD

Parents Marital Status: Married ___ Divorced ___ Single ___ Primary Residence Both ___ Mother ___ Father ___ Guardian ___

If divorced, who has legal custody? _____

May the non-custodial parent pick up the child? Yes ___ No ___

New Discoveries Playschool and Infant Center must be provided with court issued custody papers that clearly describe the custody arrangements. Any person granted custody in such papers may pick up the child during the times that person has custody and may designate other persons who are authorized to pick up the child at such times, unless court papers state otherwise.

Your child will be released only to the people on this application and the following persons: Please be aware that if an employee has not met you, they will ask for a picture I.D.

Name _____ Address _____ Phone: _____

Name _____ Address _____ Phone: _____

Name _____ Address _____ Phone: _____

Name _____ Address _____ Phone: _____



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Child's Name: _____
(last Name) (First Name) (Initial)

Today's Date: _____

Child's Physician _____ Address _____ Phone number _____

Any Allergies _____

You will have to fill out the Allergy Form listing details on your child's allergies upon enrollment approval.

Hospital preference _____ Special Disabilities (if any) _____

Health Insurance Coverage for child _____ Policy Number _____

Medications (if any) _____

Additional Information on specials needs for your child _____

Emergency contact other than parents:

Name _____ Address _____ Phone: _____

Name _____ Address _____ Phone: _____

Name _____ Address _____ Phone: _____

Is your child potty trained (y/n) ____ What does your child say when he/she wishes to use the toilet? _____

Does your child need help: Dressing Eating Washing Hands Toileting

Does your child have any special fears or concerns? _____

Has your child been cared for by anyone other than the parents? y/n ____ If yes, whom? _____

Has your child attended child care/educational services before? y/n ____ Name of day care/school(s): _____

Dates of attendance: _____

Parent's signature is required for each item below to indicate parent consent.

Obtaining emergency medical care: _____

Walks: _____ Field Trips (parents will be notified in advance) _____

Wading Pool _____ Swimming Pool _____

Administration of minor first aid procedures _____ Emergency Transportation by staff _____

Parent's initials are required for each item below to indicate parent consent.

*I agree to pay a registration fee of \$75.00 at the time of enrollment. This enrollment fee is not refundable. _____

*If my child is accepted for enrollment I agree to pay tuition by the 1st of each month. _____

*I am aware that I will be charged a late fee of \$50.00 if payment is received after the 1st of the month. _____

*I am aware that I will be charged a fee of \$1.00/minute for early drop-offs and late pick-ups. _____

*I am aware that signing the contract for care means I agree with and will adhere to all policies and procedures. _____

*I am aware I will be charged a drop-in rate for care requested in addition to my regular attendance schedule. _____

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____ Date: _____

How did you hear about us? (check all that apply)

Referred by _____ Direct Mail ____ Internet ____ Yellow Pages ____ Ad ____ Other _____