



# Pre-Enrollment Registration Form

*Disclaimer: This does not guarantee enrollment. Enrollment is based on first come, first served and space available*

Today's Date \_\_\_\_\_

CHILD'S INFORMATION				
Child's Last Name	Child's First Name	Child's Age	Child's DOB	Requested Start Date
Address			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
City	State	Zip	*Circle requested part-time Information below:	
Child Lives With Both Parents _____ Mother _____ Father _____ Guardian _____			Part Time AM	Part Time PM
Number of siblings in the home _____		Ages of siblings _____		
Public/Private School Attending	<input type="checkbox"/> Before School Care <input type="checkbox"/> After School Care <input type="checkbox"/> Before & After School Care <input type="checkbox"/> Track Out		Circle requested part time days: M T W Th F	

MOTHER'S INFORMATION			
Last Name	First Name	Cell Phone	
Address			
City	State	Zip	Home Phone
Mother's Email			
Employer	Occupation	Employer Phone	

FATHER'S INFORMATION			
Last Name	First Name	Cell Phone	
Address			
City	State	Zip	Home Phone
Father's Email			
Employer	Occupation	Employer Phone	

**We look forward to having your child enrolled in our program. We will be in contact with you to complete the entire enrollment package and conduct a parent orientation. Thank you for allowing us to care for your most prized possession...YOUR CHILD! [www.discoverypoint.com](http://www.discoverypoint.com)**

OFFICE USE ONLY:			DP Initial:
Date Payment Rcv'd _____	Tentative Classroom: _____	Check # _____ Cash Rct.# _____ CC Approval # _____	_____