

Enrollment Application:

Please be aware that receipt of your first month tuition is what guarantees your space in any class.

CHILD

Child's Full Name:	Age:	Birth Date:
Nickname, if any:	<input type="radio"/> Boy	<input type="radio"/> Girl

PARENTS

1. Parent or Guardian		Phone
Address:	zip code	Cell Phone
Place of Employment:		Work Phone
Email Address(es)		

2. Parent or Guardian		Phone
Address:	zip code	Cell Phone
Place of Employment:		Work Phone

Joint or Secondary Parent/Second Residence:		Phone
Address:	zip code	Cell Phone
Place of Employment:		Work Phone
Email Address(es)		

- School Use Only -

Date received : / / Opening available? Y N Placed on waiting list: / /

Visit scheduled for: / / Time: : 1st Month Paid:

FAMILY

Please describe your family situation (e.g. married, divorced, partners, single parent, etc) so that we may fully meet the needs of your child. (Note: Discover House does not discriminate based on family type, orientation, race, culture or religion):

Sibling Information

Name	Age	School

Are both/all parents supportive of the child attending school? _____

YOUR CHILD

What are some of your child's favorite activities?
What are some of your family's favorite activities?
Please describe your child's special abilities, interests, temperament, challenges.

What benefits would you like your child to receive from attending our program?

Do you have any worries or concerns regarding your child attending our program?

On a scale of 1 to 5 (1 representing the MOST IMPORTANT) please prioritize the following:

- | | |
|----------------------|---|
| <input type="text"/> | Hand's on learning |
| <input type="text"/> | Social Skills and interactions with peers |
| <input type="text"/> | Self-sufficiency |
| <input type="text"/> | Creative Expression |
| <input type="text"/> | Academics |

Are there any areas of development that are of special interest to you? Please describe:

Are you willing to attend at least 1 fieldtrip per year?

Please describe any special talents or areas of interest that you have that you would be willing to share with the children?

Has your child ever been cared for by anyone other than parents? Yes No
Please describe and/or name the program: What was/is your reason for leaving?

Are there any special considerations that we should be aware of? Please describe in detail:

Is there anything else you would like me to know about your child ?

MEDICAL

Please describe any physical limitations which may affect your child's health, school work, or participation in physical activities.
During the past 12 months, has your child experienced any health problems, social or emotional problems, or significant changes in the family? Please explain.
Have any behavioral, educational, or psychological evaluations been performed on your child? <input type="radio"/> Yes <input type="radio"/> No If yes, when, by whom, and for what reason? Please attach a copy of all relevant reports.
Is your child currently on any medications? <input type="radio"/> Yes <input type="radio"/> No
Please list any first aid medications or other substances that you want your child to avoid.

DOCTOR & INSURANCE

Doctor preferred	Phone
Insurance Company	Phone
Policy Number	

In case of emergency and I cannot be contacted, I (We) the undersigned, parent or legal guardian of _____, hereby give permission for my child to be given immediately necessary treatment by Discovery House Staff, to be transported by ambulance or aid car to an emergency center, and/or to receive whatever medical, surgical, and hospital care, treatment, and procedures are deemed immediately necessary by the attending physician to safeguard my child's health. I (We) do not hold Discovery House School, or their staff, responsible or liable for any action necessary in the emergency care of my (our) child. I (We) will assume any expense incurred by such treatment.

_____ date: / /

_____ date: / /

NUTRITION & ALLERGIES

The following information is collected to create an appropriate, healthy, fun, and safe school menu.

What are some of your family's regular lunch foods?

What are some of your child's favorite foods?

Are there any foods you DO NOT want served at school?

Is there anything else you would like me to know about your child and/or your families
List any allergies your child has, their effect and severity.

Allergy	Effect