



2019-2020 Returning Students

Child's Name _____

DAYS: 1 day ____ 2 days ____ 3 days ____ 4 days ____ M/W ____ T/Th ____

AGE: 2's ____ 3's ____ 4's ____ Kinder ____

PLEASE INITIAL ALL:

1. ____ **Video/Photo Waiver** (I give consent for photographs and/or videos to be taken of my child while at Discovery Days.)
2. ____ **Receipt of Parent/Student Handbook** (I acknowledge receipt of the "Parent Handbook" and will adhere to its policies.)
3. ____ **Receipt of Discipline & Guidance Policy** (I acknowledge receipt of the Discipline & Guidance Policy found in "Parent Handbook".)
4. ____ **Updated Immunizations/Exemption Certificate Attached**
5. ____ **Hearing and Vision Results (4 YEAR OLDS AND KINDERGARTEN) Attached**

ALLERGY UPDATES:

Allergies _____

Special Medications _____

Authorization for dispensing Medication Form Completed and Attached

UPDATED INFORMATION:

EMAIL(S) _____

PHONE NUMBER(S) _____

PERSONS AUTHORIZED TO PICK UP

Name _____

Name _____

DL# _____

DL# _____

Phone# _____

Phone# _____

Parent Signature: _____

Date: _____

OFFICE USE ONLY: Check # _____ or Cash _____

2019-2020 Discovery Days Fees

AGE	DAYS	REGISTRATION FEE	TUITION/MONTH (Sept—May)
18 Month-Old	1 day	\$165	\$165
2 Year-Olds	2 days	\$210	\$210
3 Year-Olds	2 days	\$210	\$210
4 Year-Olds	2 days	\$225	\$225
4 Year-Olds	3 days	\$280	\$280
Kindergarten	4 days	\$360	\$360