

Personal History:

Is your child . . .

- Excitable? _____
- Restless? _____
- Shy? _____
- Domineering? _____
- Happy? _____

What words does your child use for toileting? _____

Please list any issues regarding your child's health and/or behavior which you feel we should be aware of: _____

2015-2016 Discovery Days Fees

AGE	DAYS	REGISTRATION FEE	TUITION/MONTH (Sept—May)
18 Month-Old	Thurs	\$145	\$150
2 Year-Olds	(select either) M/W or T/Th	\$185	\$190
3 Year-Olds	(select either) M/W or T/Th	\$185	\$190
4 Year-Olds	(select either) M/W or T/Th	\$195	\$195
4 Year-Olds	T/W/Th	\$235	\$260
Kindergarten	M/T/W/Th	\$315	\$320

By signing this document, I agree and understand that the REGISTRATION FEE is NOT REFUNDABLE at any time or for any reason. I am also acknowledging that all the information provided is accurate.

Parent's Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 or (800) 514-0383.

<u>OFFICE USE ONLY:</u>			
Gender: Boy ____ Girl ____	Enrollment Date: _____		
Age (as of 9/1/2015): _____	Reg. Fee: _____	Cash: ____	Check #: _____
Immunization ____	Date of Withdrawal: _____		
Doctor Statement ____	Hearing/Vision (4's & Kindergarten) ____ Photo Waiver ____		