

The Discovery Preschool 2017/2018 Application

36017 SE Fish Hatchery Road ~ PO Box 1341 ~ Fall City, Wa 98024
(425) 681-4049 ~ (877) 263-2063 (toll free fax) ~ mandi@thediscoverypreschool.com

Child's Full Name: _____

Date of Birth: _____ Sex: _____

Parent Contact Information:

Mom's Name: _____ Dad's Name: _____

Siblings' Names: _____ Home Phone Number: _____

Mom's Work/Cell: _____ Dad's Work/Cell: _____

Address: _____

E-mail Address(es): _____

Emergency Contact (Other than parent): _____ Phone number: _____

Class Options

_____ Two Day 3-5 year old 9:00-11:30 AM Tuesday/Friday Class
(must be 3 by Aug. 31st) \$265/month

_____ Three Day 3-5 year old 9:00-11:30 AM Monday, Wednesday, Thursday Class
(must be 3 by Aug, 31st) \$325/month

_____ Three Day 3-5 year old 12:30-3:00 PM Monday, Wednesday, Thursday Class
(must be 3 by Aug, 31st) \$325/month

_____ Four Day 4-6 year old Pre-K 9:00-11:30 AM Monday, Tuesday, Wednesday, Thursday Class
(must be 4 by Aug. 31st) \$415/month

_____ Four Day 4-6 year old Pre-K 12:30-3:00 PM Monday, Tuesday, Wednesday, Thursday Class
(must be 4 by Aug. 31st) \$415/month

_____ Friday Enrichment Class 9:00-11:30 AM This class will be a mixed aged class and can be either an add on day to any of our other classes, or a stand alone one day class. The cost is \$90/ month as an add on class or \$130 per month as a stand alone class for kids not enrolled in another class at our school. We will only offer this class if we fill it.

General Information

The following information is used for our understanding of your child's needs. We do not use this information to determine if we accept kids into our school.

Is your child fully potty trained? Yes No

Does your child have separation anxiety? Yes No

Does your child have any medical or physical restrictions? Yes No

If yes, please describe:

Does your child have any allergies? Yes No

If yes, please describe:

Has your child attended preschool before? Yes No

If yes, where?

How did you hear about The Discovery Preschool?

Has your child received services for physical/emotional/social development? Yes No

If yes, please explain.

What types of activities does your child enjoy?

What are you hoping your child will gain from his/her preschool experience?

If needed, please include any other information you think is important for us to know about your child on an attached page.

Parent Signature: _____ Date: _____