

Discovery Developmental Center
Registration Form

Please fill out both sides of form entirely

FOR OFFICE USE ONLY
Visit w/ child YES ____ NO ____
Schedule _____
Teacher _____
Start Date _____
_____ Paid Registration

Date: _____

Child's Name: _____ Nick Name: _____ Birth Date: _____

Mother / Guardian _____ SS# _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Employer _____ Work Phone _____

Father/ Guardian _____ SS# _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Employer _____ Work Phone _____

Brothers, Sisters Names and Ages _____

Any Pets in the family? If so, names and what type _____

- Any special family situations / Experiences (ie: Divorce, Foster Care, Extended Family Care, Deaths, Moves)
- Has your child been in a Preschool / Child care setting before? Where/When/With whom?
- Has / does your child participate in any other organized activity?
- Has / does your child receive any other services that would be helpful for us to know about?
- What is your child's meal-time routine generally like? (ie: independence, choices, likes and dislikes)
- Are there particular food issues / allergies / diets / medication needs that we need to be aware of?
- What is your child's regular rest time routine?
- Is your child toilet trained? Are there any diapering / toileting issues we should be aware of?

- What are your goals for your child's experience at the center?
- Is there anything else you would like us to know about your child?

Discovery's staff believes a child's family life is of primary importance in their development and honors the diversity amongst us. We strive to develop partnerships with families to create a positive early childhood experience for each child enrolled.

- Is there anything about your child's family that you would like to share that would help us in developing these partnerships (ie: cultural, heritage, religious, language, history)?
- Do you have particular skills or talents that you'd like to share with the children and/or staff? A place of employment that would welcome children on field trips?
- What is the best way for your child's teacher to contact / communicate with you?
 Telephone _____ (work / home / time?)
 Email _____ (work / home / time?)
 Written notes _____ Drop off / Pick-up _____ (time?)
 Scheduled conversations? _____ (days of week / time?)
- Would you prefer receiving Discovery newsletters, reminders, announcements, etc. via email, as hardcopy in your Discovery mailbox, or both? Are there other family members (grandparents, etc) that would like to receive this information?
- How did you hear about Discovery / whom may we thank for the referral?

Please indicate the schedule you desire, including days of the week and times. Tuition fees are included in Discovery's brochure.

Days of the week _____ Times _____

To complete your registration and to reserve your child's spot, please return this Registration Form and a \$50 non-refundable registration fee to DDC, 75 Glenwood Dr, Kalispell MT 59901, or you may drop it off at the center. Other items needed to complete registration:

- Two-week tuition deposit to be used for your child's last two weeks.
- Current immunization records
- Completion of other required paperwork in Family packet and Family Share information.

**Thank you for your interest in Discovery Developmental Center!
 We look forward to getting to know your family!**