

Discovery Developmental Center
Registration Form

Please fill out both sides of form entirely

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

Date: _____

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

Mother / Guardian _____ SS# _____

Mailing Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Employer _____ Work Phone _____

Father/ Guardian _____ SS# _____

Mailing 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 would be the **2 best ways** 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 Discovery family newsletter email list _____
 - as hardcopy in your Discovery mailbox _____
 - both _____
 - Are there other family members (grandparents, etc) that would like to receive this information?
(need email address information)

- Are you interested in being included in a Discovery Family Directory? _____ Yes _____ No
 If yes, what info may we include – please initial:
 _____ Home Phone _____ Cell Phone _____ Address _____ Email

- How did you hear about Discovery / whom may we thank for the referral?

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 (can be faxed to 756-1279)
- 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!**