



Registration Form: New Child

Academic Year _____ Term: Fall / Spring

Enrollment spots filled in the order of application and registration. Please submit this application via email (discovery.cm@gmail.com) and make a non-refundable fee of enrollment fee \$100 + 1 Month Tuition Deposit (to be applied to your child’s May tuition installment) via Zelle (discovery.cm@gmail.com), check, or cash to reserve a seat for your child.

Child’s Name: _____
First Last

Gender: Boy Girl

Date of Birth: _____ Age: _____
MM/DD/YYYY

Program to Enroll (check one):

- Infant & Toddler (6 mo – 2 years)
Stepping Stone (2 – 3 yrs) Half Day Full Day
Primary-Kinder (3 – 6 yrs) Half Day* Full Day
Lower Elementary (6 – 9 yrs)
Before/Aftercare Time: _____

*We strongly recommend all Primary children to roll over to the Full Day program after 2 weeks to 1 month of adjusting to a daily school schedule.

For New Children, application will not be processed until your deposit (\$100 Application Fee + 1-month Tuition Deposit) is made by either (please check one):

- Personal Check or Cash dropped off to the Admin Office Date: _____
Zelle transfer to discovery.cm@gmail.com Date: _____
Bank ACH - My Brightwheel (ACH Fee: \$0.60 / transaction) Date: _____
Credit Card - My Brightwheel (Credit Card Fee: 2.9%) Date: _____

Desired Start Date _____/_____/_____
Month Day Year

Home Address: Street: _____
City: _____
State: _____ ZIP: _____

Mother's Name: _____
First Last

Mobile #: _____ Email: _____

Occupation: _____

Father's Name: _____
First Last

Mobile #: _____ Email: _____

Occupation: _____

Authorized Pick Up / Emergency Contacts (To be added to Brightwheel):

1st: _____ Phone #: _____ Relation: _____

2nd: _____ Phone #: _____ Relation: _____

3rd: _____ Phone #: _____ Relation: _____

Pediatrician or Family Doctor:

Name and Address: _____

Phone #: _____

Health Insurance Company: _____

Insurance ID: _____

Does your child have any allergies and/or dietary restrictions? Yes No

Please check any/all health conditions that may apply:

Asthma Hearing Loss Diabetes Convulsions

Other: _____

Food Allergies/Restrictions (specify): _____

Other restrictions: _____

Any other **health/social/developmental conditions** that we must know, if any:

If there are medications necessary during the school day, please list:

What is your child's primary language at home? _____

What are your child's strengths?

Are there any specific concerns you would like to address about your child?

Is there anything specific that the faculty should know about your child?

Parent Agreement:

I UNDERSTAND AND AGREE: To the policies and requirements outlined in the "Parents Handbook." School hours are 9:00 AM to 3:30 PM, Before/after-care hours are 7:30-9:00 and 3:30 PM to 6:00 PM. An additional charge may be assessed if your child remains after the registered program time and/or closing time. All returned transactions may be assessed a penalty to cover bookkeeping corrections. In the event that a medical emergency occurs, I authorize Discovery Christian Montessori School to seek emergency medical care for my child as deemed necessary by the Director, and I authorize such medical service provider(s) to carry out any required emergency treatment(s). I understand that if my child has allergies or food sensitivities, their name and allergy information will be noted in this application as well as posted in the classroom. I understand and agree that my child may be photographed at the school, and that the pictures may be used and/or printed for school/classroom use, displays, and that these pictures may be available to be shared and/or printed amongst other parents at Discovery Christian Montessori School. I authorize Discovery Christian Montessori teachers to transport my child to and from any approved field trips. I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I further acknowledge that Discovery Christian Montessori LLC (DCM) has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I further acknowledge that DCM cannot guarantee that my child will not become infected with the Coronavirus/Covid-19. I voluntarily seek services provided by DCM and acknowledge that I am increasing my risk to exposure to the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread while attending my appointment. I attest that I am following all CDC recommended guidelines as much as possible and limiting my child's exposure to the Coronavirus/COVID-19. I hereby release and agree to hold DCM harmless from, and waive on behalf of myself, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the school, or that may otherwise arise in any way in connection with any services received from DCM. I understand that this release discharges DCM from any liability or claim that I, my heirs, or any personal representatives may have against the school with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from DCM. This liability waiver and release extends to the school together with all owners, partners, and employees.

Discovery Christian Montessori School is proud to be positioned as a school, not as a daycare center. We are committed to discovering and developing each child's best potential through the authentic Montessori curriculum with immense love.

By signing this registration form, the parents are committing to the 10-month academic year enrollment.

Primary Parent/Guardian Signature:

Please print your name, sign, and date below:

Name: _____ Date: _____

Signature: _____