

Discovery Preschool Centers Registration Form & Family Questionnaire

#1 Child's Name: _____ Birth Date _____

#2 Child's Name: _____ Birth Date _____

Parent/ Guardian Name: _____

Contact Phone Number: _____

Address: _____ Zip: _____

Email Address: _____

- Are there any special family situations / experiences (ie: Divorce, Foster Care, Extended Family Care, Deaths, Moves) that we should be made aware of?

- 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 (ie. Gymnastics class)?

- 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)

- Does your child have any food issues / allergies / special diet / 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 Discovery Preschool?

- 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 every child.

- 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?
- How did you hear about Discovery?

Please indicate which program you are reserving space in

____ Discovery Preschool & Childcare Center, 518 South Ave West, open 7:00am - 5:30 pm

____ Discovery Preschool & Infant Center, 202 Brooks Street, open 7:30am - 5:30 pm

Estimated Starting date: _____

Please indicate the schedule you desire, including days of the week and times.

Days of the week (Circle) M T W Th F

Hours: _____

To complete your registration and to reserve your child's spot, please return this Registration Form, \$25.00 registration fee and a \$100 space reservation fee per child (space reservation fee is applied to 1st weeks tuition/ non-refundable if reservation is withdrawn) to the specific Center address below -

Discovery Preschool & Childcare Center
 Attention- Linda White
 518 South Ave. West
 Missoula, MT 59801

Discovery Preschool & Infant Center
 Attention- Jessa Aipperspach
 202 Brooks Street
 Missoula, MT 59801

Other items needed to complete registration and a complete list of our policies and parent handbook are available on our website, www.discoverypreschoolandchildcare.com

Please call us if you have any questions about registration and to schedule classroom visits prior to beginning.

Thank you for picking our program. We look forward to getting to know your family!

FOR OFFICE USE ONLY

Visit w/child YES ___ NO ___ Classroom _____ Start Date _____
 Deposit ck#/date _____