



Discovery Preschool Center Bright Horizons Family Solutions

School Year Registration Form

FOR OFFICE USE ONLY

Date: _____
 Age: Yrs. _____ Mths: _____
 Days: _____ Hrs: _____
 Registration Fee: _____
 Ck#: _____
 Office Initials: _____

Child's Name: _____ Date of Birth: _____

Sex: M F E-mail: _____ Home Phone: _____

Home Address: _____ City: _____ Zip Code: _____

Father / Guardian Name: _____ Occupation: _____

Work Number: _____ Cell Number: _____ Email: _____

Current address for receiving information

Mother / Guardian Name: _____ Occupation: _____

Work Number: _____ Cell Number: _____ Email: _____

Current address for receiving information

Pediatrician: _____ Phone Number: _____

Medical Insurance Provider: _____ Policy #: _____

Allergies and other Medical Information/Dietary Restrictions: _____

Discovery Preschool has my permission to publish my address and telephone number on a class list. ☐ Yes ☐ No

Discovery Preschool has my permission to publish any photo taken of my child on school premises. ☐ Yes ☐ No

Please specify the days and hours that you would prefer your child to attend:

☐ **Mon.**

☐ 3 Hours

☐ 4.5 Hours

☐ 3 PM

☐ Full Time

☐ **Tues.**

☐ 3 Hours

☐ 4.5 Hours

☐ 3 PM

☐ Full Time

☐ **Wed.**

☐ 3 Hours

☐ 4.5 Hours

☐ 3 PM

☐ Full Time

☐ **Thurs.**

☐ 3 Hours

☐ 4.5 Hours

☐ 3 PM

☐ Full Time

☐ **Fri.**

☐ 3 Hours

☐ 4.5 Hours

☐ 3 PM

☐ Full Time

Authorized Pick Up / Emergency Contacts:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____