

The Discovery Preschool

36017 SE Fish Hatchery Road ~ PO Box 1341 ~ Fall City, Wa 98024
(425) 681-4049 ~ (877) 263-2063 (toll free fax) ~ mandi@thediscoverypreschool.com

Child's Full Name: _____

Date of Birth: _____ Sex: _____

Parent Contact Information:

Mom's Name: _____ Dad's Name: _____

Siblings' Names: _____ Home Phone Number: _____

Mom's Work/Cell: _____ Dad's Work/Cell: _____

Address: _____

E-mail Address: _____

Emergency Contact (Other than parent): _____ Phone number: _____

Class Options:

I would like to enroll my child in: *(please indicate all classes you are willing to enroll your child in by numbering your first, second, third choice)*

_____ 3-5 year old 9:00-11:30 AM Monday, Wednesday, Thursday Class
(must be 3 by Aug. 31st)

_____ 4-6 year old Pre-K 12:30-3:00 PM Monday, Wednesday, Thursday Class
(must be 4 by Aug. 31st)

_____ 3-5 year old 9:00-11:30 AM Tuesday/Friday Class
(must be 3 by Aug. 31st)

_____ 3-5 year old five mornings per week 9:00-11:30
(must be 3 by Aug. 31st)

Parent Signature: _____ Date: _____

General Information

The following information is used for our understanding of your child's needs. We do not use this information to determine if we accept kids into our school.

Is your child fully potty trained? Yes No

Does your child have separation anxiety? Yes No

Does your child have any medical or physical restrictions? Yes No

If yes, please describe:

Does your child have any allergies? Yes No

If yes, please describe:

Has your child attended preschool before? Yes No

If yes, where?

How did you hear about The Discovery Preschool?

Has your child received services for physical/emotional/social development? Yes No

If yes, please explain.

What types of activities does your child enjoy?

What are you hoping your child will gain from his/her preschool experience?

Please include any other information you think is important for us to know about your child.
(Please use the back of this form, if necessary.)

