

The Discovery Preschool 2024/2025 Application
36017 SE Fish Hatchery Road ~ PO Box 1341 ~ Fall City, Wa 98024
(425) 681-4049 ~ mandi@thediscoverypreschool.com

Child's Full Name: _____

Date of Birth: _____ Gender: _____

Parent Contact Information:

Parent Name: _____ Parent Phone Number: _____

Parent Name: _____ Parent Phone Number: _____

Siblings' Names: _____

Mailing Address: _____

Parent E-mail Address(es): _____

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

Class Options

Please number your top two class options. All classes are subject to change if we do not fill them.
Please call or email Mandi to discuss your child's specific schedule needs.

_____ Two Day 3-5 year old 9:00-11:45 AM Class \$390/month

_____ Three Day 3-5 year old 9:00-11:45 AM Class \$490/month

_____ Four Day 4-6 year old 9:00-11:45 AM Class \$580/month

_____ Five Day 4-6 year old 9:00-11:45 AM Class \$670/month

General Information

The following information is used for our understanding of your child's needs.

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/food restrictions? 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?

If needed, please include any other information you think is important for us to know about your child on an additional page.

Parent Signature: _____ Date: _____