

**Discovery Place Learning Center, LLC**  
**Enrollment Form**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

My child will be eligible to Kindergarten in September 20 \_\_\_\_\_

Child's Address: \_\_\_\_\_

Name and Address (Parent/Guardian 1):

Name and Address (Parent/Guardian 2 if applicable):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Info:

Contact Info:

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Are there any custody issues? YES NO \*\*If yes please provide documentation of who is the child's legal guardian.

Does your child have any allergies? YES NO If yes, please explain: \_\_\_\_\_

Does your child's allergy require the use of an EpiPen? YES NO If yes, which allergy? \_\_\_\_\_

Does your child have any medical issues or concerns? YES NO If yes, please explain: \_\_\_\_\_

Does your child have any siblings? YES NO Please list names and ages: \_\_\_\_\_

(Optional) Does your child receive (or has he or she received) any special services through Early Intervention or CPSE, such as OT, PT, Speech Therapy, or Special Instruction? If yes, please list dates treatment was provided and by whom: \_\_\_\_\_

Please take this opportunity to provide us with any other important information about your child, including likes and dislikes, favorite activities, diet, or sleeping habits, that may be relevant to his or her performance at the learning center during the day: \_\_\_\_\_

Continue on back

Signature of Person Completing this form: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**Discovery Place Learning Center, LLC**  
**Emergency Contact Form**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Parent/Guardian 1's Name and <b>Daytime</b> Location:	Parent/Guardian 2's Name and <b>Daytime</b> Location:
_____	_____
_____	_____
_____	_____

Home _____	Work _____	Cell _____
Home _____	Work _____	Cell _____

In case of emergency and a parent cannot be reached, please contact:

1. \_\_\_\_\_ Contact # \_\_\_\_\_

2. \_\_\_\_\_ Contact # \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

Allergies: (do not leave blank) \_\_\_\_\_

In the event your child needs immediate medical care, which hospital do you prefer? \_\_\_\_\_

In the event that my child requires emergency care and a parent or emergency contact cannot be reached, I designate the administration of Discovery Place Learning Center to be responsible for making medical decisions regarding my child.

Child's Physician and Contact Information: \_\_\_\_\_

I understand that it is my/our responsibility to keep the owners of the learning center informed of any changes to our child's medical or emergency contact / pick-up information. The center cannot be held liable for any ill effects from our omission of pertinent information.

_____	_____	_____
Parent/Guardian's Name	Parent/Guardian's Signature	Date

Please list any other individuals who have permission to pick your child up from the learning center. Photo ID will be necessary before your child will be released to anyone on this list who is not known to the staff to be the person listed.

1. \_\_\_\_\_ Contact # \_\_\_\_\_

2. \_\_\_\_\_ Contact # \_\_\_\_\_

**PERMISSION TO BE PHOTOGRAPHED (Please check one)**

YES / NO I give permission for my child to be photographed throughout the school year for internal school use.

YES / NO I authorize my child's photograph to be used in newsletters, posters, advertisements and social media  
*(Your child's name will never be associated with their picture for safety assurance)*

_____	_____	_____
Parent/Guardian's Name	Parent/Guardian's Signature	Date

# DISCOVERY PLACE LEARNING CENTER, LLC

## Waiver of Liability

Parent's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

As the parent/legal guardian, or adult entrusted to care, of a participant, I recognize that possible injury, including but not limited to paralysis, death, emotional distress, monetary loss, or other damage to myself, to property, or to third parties can occur in sports or activities involving height or motion, including but not limited to, gymnastics, tumbling, martial arts, rock climbing, ball sports, dancing and general exercise (hereinafter referred to as the "Program"). Being fully aware of these dangers, I voluntarily consent to my child participating in the Program and any and all Discovery Place Learning Center, LLC activities and I accept all risks associated with that participation. I also certify that my child has received a physical examination by a licensed physician and has been found to be physically capable of participating in the Program. I further certify that I have advised Discovery Place Learning Center, LLC staff in writing of any special needs of my child or any activities from which my child should be restricted. In consideration for allowing my child to use these facilities and participate in the Program, I, on my own behalf and the behalf of my child and his/her respective heirs, administrators, executors and successors, hereby covenant not to sue and forever release Discovery Place Learning Center, LLC, its officers, directors, shareholders, employees, agents and other related parties from the responsibility or liability for any and all claims, demands, losses or damage to property, arising out of participation in the Program or related activities. I expressly agree and promise to accept and assume all of the risks existing in these activities as outlined above on behalf of myself and my child. I further agree to indemnify and hold harmless Discovery Place Learning Center, LLC, its officers, directors, shareholders, employees, agents and other related parties from any claim or demand on account of injury or damage suffered as a result of participation in the Program and related activities.

I understand that this Waiver of Liability includes, but is not limited to, damages which are caused, or alleged to be caused, in whole or in part, by the negligence of Discovery Place Learning Center, LLC, its officers, directors, shareholders, employees, agents and other related parties.

**Authorization of Medical Care**-In case of injury or illness during participation, I would like my child to receive reasonably appropriate emergency medical care, including hospital care if necessary, and I hold Discovery Place Learning Center, LLC, and its representatives harmless in their execution of this action. Additionally, I hereby agree to individually provide for all possible medical expenses that may be incurred by my child as a result of any injury sustained while participating in the Program.

**Photographs and Statements**-I authorize use of my own and my child's visual image and statements in newsletters, posters, and other advertising.

**Valid Dates**-These agreements, waivers, and authorizations will remain valid and in force as long as and whenever my child, myself, or any family member participates in any activity at Discovery Place Learning Center, LLC.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my or my child's participation in the Program or related activities, I may be found, by a court of law, to have waived my right to maintain a lawsuit against Discovery Place Learning Center, LLC on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read and fully understand this entire document and I agree to be legally bound by its terms.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**Discovery Place Learning Center, LLC**  
**Financial Information and Agreement**

Office Copy

I, the parent/guardian of \_\_\_\_\_ have read Discovery Place Learning Center, LLC's Policy packet.

**By signing this document, I state that I understand and agree to the terms below:**

1. Tuition is based on one calendar school year broken into 10 equal monthly payments.

I commit to enroll my child/children for the entire 10 month school year. Should I decide to remove or make changes to my child's attendance, one month's prepaid tuition will not be refunded unless there are extenuating circumstances. Each family situation will be reviewed individually by Discovery Place Administration for any exceptions. (Please refer to our "Policies and Information" packet for further explanation.)

If I remove my child/children after May 1st, I will be expected to pay the tuition for the remainder of the school year, as their spot will not be able to be filled at such a late date.

2. A non-refundable Administration Fee and First Month's Tuition (September) is due at time of Registration.
3. Monthly Tuition is due on September 15th and then the first school day of every month, October - May.
4. I am still responsible for tuition on months my child takes an extended vacation of one month or longer. If I choose not to pay tuition during a vacation, my child may lose his or her spot in class.
5. Inability to follow the Financial Policies of the center may result in my child's dismissal from his or her program.
6. I understand that a late fee of \$15 will be applied if tuition is past due by more than *one week*. A child may be un-enrolled from the program if tuition is outstanding more than *one month* unless an arrangement has been made with the owners due to extenuating circumstances.

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Person Financially Responsible for Tuition:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

**Primary Caregiver's Name and Contact Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

**Check here if same as primary caregiver**

- I wish to have my invoices and receipts sent to me electronically via e-mail (Go Green!)
- Please provide me with a hard copy of any invoices and receipts in my child's folder

**\* PLEASE RETAIN FOR YOUR REFERENCE**

**Discovery Place Learning Center, LLC**  
**Financial Information and Agreement**

Parent Copy

I, the parent/guardian of \_\_\_\_\_ have read Discovery Place Learning Center, LLC's Policy packet.

**By signing this document, I state that I understand and agree to the terms below:**

1. Tuition is based on one calendar school year broken into 10 equal monthly payments.

I commit to enroll my child/children for the entire 10 month school year. Should I decide to remove or make changes to my child's attendance, one month's prepaid tuition will not be refunded unless there are extenuating circumstances. Each family situation will be reviewed individually by Discovery Place Administration for any exceptions. (Please refer to our "Policies and Information" packet for further explanation.)

If I remove my child/children after May 1st, I will be expected to pay the tuition for the remainder of the school year, as their spot will not be able to be filled at such a late date.

2. A non-refundable Administration Fee and First Month's Tuition (September) is due at time of Registration.
3. Monthly Tuition is due on September 15th and then the first school day of every month, October - May.
4. I am still responsible for tuition on months my child takes an extended vacation of one month or longer. If I choose not to pay tuition during a vacation, my child may lose his or her spot in class.
5. Inability to follow the Financial Policies of the center may result in my child's dismissal from his or her program.
6. I understand that a late fee of \$15 will be applied if tuition is past due by more than one week. A child may be un-enrolled from the program if tuition is outstanding more than one month unless an arrangement has been made with the owners due to extenuating circumstances.

Printed Name of Parent/Guardian

Relationship to Child

Signature of Parent/Guardian

Date

**Person Financially Responsible for Tuition:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

**Primary Caregiver's Name and Contact Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email \_\_\_\_\_

Check here if same as primary caregiver

- I wish to have my invoices and receipts sent to me electronically via e-mail (Go Green!)
- Please provide me with a hard copy of any invoices and receipts in my child's folder

## Discovery Place Learning Center, LLC

### Physical Health and Immunization Statement

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of last Physical: \_\_\_\_\_

Completed by: \_\_\_\_\_

The child named above is a patient in my care. He or she receives well-child visits based on my recommended schedule. His or her immunizations are up to date at this time in accordance with my recommendations and his/her family's needs. He or she is free from communicable illness and may attend a learning facility with other children.

Physician's Signature: \_\_\_\_\_

Physician's Name (Printed): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date Signed: \_\_\_\_\_

\_\_\_\_\_ This form has been reviewed by staff. Please keep this copy for your records.