

Office Use Only:

Registration Fee Paid: Check #: _____ Amt.: _____ Cash Amt.: _____ Date of Registration: _____

REGISTRATION FEE IS PAYABLE AT TIME OF REGISTRATION AND IS NON-REFUNDABLE.

Supply Fee Paid: Check #: _____ Amt.: _____ Cash Amt.: _____ Date Supply Fee Paid: _____

SUPPLY FEES ARE DUE IN FULL BY JUNE 1, AND ARE NON-REFUNDABLE.

REGISTRATION # _____

**DISCOVERY SCHOOL of SAN ANTONIO, INC.
REGISTRATION
2017 - 2018**

CHILD'S NAME _____ M _____ F _____

DOB _____ AGE AS OF SEPT. 1, 2017 _____ YRS _____ MOS

ADDRESS _____ CITY _____ ZIP _____

PRIMARY PHONE: _____ Email: _____

CLASS REQUEST (MARK 1ST AND 2ND CHOICE): MDO (18 months) _____ Fri only 2's: _____ Mon/Wed
_____ Tues/Thurs

2 1/2's _____ 2 DAY 3's _____ 2 DAY 4's _____ 2 DAY KINDERGARTEN _____
_____ 3 DAY _____ 3 DAY _____ 3 DAY
_____ 5 DAY _____ 5 DAY 1ST GRADE _____

PARENT/GUARDIAN _____ PRIMARY PHONE _____

ADDRESS _____ (if different from child's) SECONDARY PHONE _____

OCCUPATION _____ WK PHONE _____

PARENT/GUARDIAN _____ PRIMARY PHONE _____

ADDRESS _____ (if different from child's) SECONDARY PHONE _____

OCCUPATION _____ WK PHONE _____

Please list the **names and phone numbers** for all those (other than parents) who have authority to pick up your child:
(Children will only be released to a person designated by the parent/guardian and after verification of ID)

- 1. I have received a link to the Parent Handbook and will cooperate with the programs and policies of Discovery School.
- 2. I understand that I must notify Discovery School in writing 30 days prior to withdrawal and that registration and supply fees are non-refundable.
- 3. My child has permission to participate in all School activities. I understand that Discovery School is not liable for accidents.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE

SIGNATURE OF DIRECTOR

DATE

Discovery School Parent Survey

2017 - 2018 School Year

1. Number of children in your family and their ages as of September 1, 2017

	Number		Number
0-17 months	_____	4 years	_____
18-23 months	_____	5 years	_____
2 years	_____	6 years	_____
3 years	_____	7 years +	_____

2. Number of children you would like to enroll at Discovery School for 2017-2018 : _____

3. Zip Code of residence: _____

4. School district of residence:

_____ Northside	_____ San Antonio	_____ Comal	_____ Alamo Heights
_____ Northeast	_____ Boerne	Other: _____	

5. Ethnic group/race:

Parent:	Parent:
_____ African American	_____ African American
_____ American Indian/Alaska Native	_____ American Indian/Alaska Native
_____ Asian	_____ Asian
_____ White, (Hispanic/Latino, Spanish)	_____ White, (Hispanic/Latino, Spanish)
_____ White, (Non-Hispanic)	_____ White, (Non-Hispanic)
Other: _____	Other: _____

6. Please indicate the employment status of both parents:

Parent:	Parent:
_____ Working full-time	_____ Working full-time
_____ Working part-time	_____ Working part-time
_____ At home/not in labor force	_____ At home/not in labor force

7. Please check the statement below that best describes your total household income:

___ Less than \$50,000 ___ \$50,000-\$100,000 ___ \$100,000-\$150,00 ___ \$150,000-\$200,000 ___ \$200,000+

8. How did you first hear about Discovery School?

_____ Website/Internet	_____ Discovery School Alumnus
_____ Personal referral/word of mouth	_____ Ad in Our Kids, Kids Directory, or newspaper
_____ NAEYC website	Other: _____

9. Please rank your top three reasons for choosing Discovery School:

(1= most important, 2= next most important, 3 = third most important) Please rank only three.

_____ Accreditation	_____ Faculty	_____ Physical Environment
_____ Class size	_____ Hours/Days	_____ Reputation
_____ Cost	_____ Location	Other: _____
_____ Curriculum	_____ Philosophy	_____

(Please see other side)

10. What two other Schools did your family most seriously consider besides Discovery School when you were researching programs for your child(ren):

1. _____ 2. _____

11. Do you plan to enroll you child at Discovery School for:

	Yes	No	Uncertain
Kindergarten	_____	_____	_____
First Grade	_____	_____	_____

12. To cover the additional financial needs of Discovery School, would you prefer:

_____ To participate in and support fund-raisers _____ An increase in tuition
_____ Both, fund-raising and a tuition increase Other: _____

12. Please indicate the best ways to communicate with you about the following: (Please rank your top two choices per question)

Your child's progress in School:

_____ E-mail / Parent Portal
_____ Written reports sent home
_____ In-person conferences
_____ Telephone conference

Classroom activities:

_____ Classroom calendars
_____ E-mail / Parent Portal
_____ Flyers
_____ Teacher newsletters

School-wide activities:

_____ Classroom calendars
_____ Parent Portal
_____ Flyers
_____ School newsletters

13. How often do you use the Parent Portal? _____ often _____ seldom _____ never

How can we help you use the Parent Portal more often? _____

FOR THE FAMILIES CURRENTLY ENROLLED IN DISCOVERY SCHOOL:

14. The one thing I like best about Discovery School: _____

15. The one thing I would most like to see changed at Discovery School: _____

FOR ALL FAMILIES PARTICIPATING IN THIS SURVEY:

** You may remain anonymous if you so choose; however, we offer you the opportunity to share your opinions with us personally as well. Please check below those statements that apply to you:

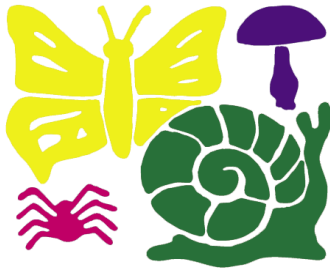
_____ I would like to speak with a Board Member about this survey.

_____ I would like to speak with a Board Member about how I can become more involved in fundraising efforts in the future.

_____ I would like to speak with someone from the Board of Directors or the office staff regarding:

(Your name if you answered one of the three questions above.) _____

Other Comments: _____



Child's Name _____

Please check all items with which you are in agreement. Any non-checked item requires a written explanation below.

I hereby notify Discovery School of San Antonio, Inc. that :

___ my child has my permission to participate in all field trips with his/her class. I understand that the School will inform me in advance of all planned field trips.

___ if I am unable to drive on a field trip for my child's class, I will designate on the Field Trip Form my child has my permission to be transported by another parent or staff person.

___ I agree to adhere to the School's car seat safety policy (a copy of the policy is available in the Office).

___ the staff has my permission to apply a sunscreen with UVB and UVA protection of SPF 15 or higher.

___ the staff has my permission to apply insect repellent that may contain DEET

___ *for parents of children in 2 and 2 ½ yr old classes only:* staff have my permission to use OTC diaper rash creams, wipes and lotion.

___ I agree to the use of my child's picture (without their last name) in school publications, slide presentations, or on its website.

___ Discovery School has my permission to allow the media to photograph or tape my child during School sponsored special events, and to use my child's first name only

In place of the non-checked items, I request that Discovery School do the following:

Parent Signature

Date



Child's Name _____

Permission to Access Files

Please initial by each to indicate your approval and sign at the bottom:

_____ I understand that my child's personal information, medical records and developmental assessments are confidential, and are available to me upon request.

_____ I understand that the staff of Discovery School will have ongoing access to my child's file, records, and assessment information.

_____ I understand that certain regulatory agencies such as the Texas Department of Family and Protective Services (Child Care Licensing) have the inherent right to access my child's file as part of their required inspection.

_____ I grant Discovery School, its teaching staff and administrators as well as authorized regulatory agencies such as the San Antonio Metropolitan Health District, and NAEYC Accreditation permission to access my child's file, records and assessments as part of their required inspection.

_____ I hereby grant Discovery School permission to release personal information, medical records, and assessment forms to the following person(s) *(list any authorized therapist, physician, or other individual)*

Note: other schools may request records as part of their enrollment process. This information will be provided upon request and only with written permission from the parent / legal guardian.

Parent / Guardian Name _____
(please print)

Parent / Guardian Signature

Date