

**Office Use Only:**

Registration Fee Paid: Check #/ACH: \_\_\_\_\_ Amt.: \_\_\_\_\_ Cash Amt.: \_\_\_\_\_ Date of Registration: \_\_\_\_\_

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

Supply Fee Paid: Check #/ ACH: \_\_\_\_\_ Amt.: \_\_\_\_\_ Cash Amt.: \_\_\_\_\_ Date Supply Fee Paid: \_\_\_\_\_

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

REGISTRATION # \_\_\_\_\_

**DISCOVERY SCHOOL of SAN ANTONIO, INC.  
REGISTRATION  
2021 - 2022**

CHILD'S NAME \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

DOB \_\_\_\_\_ AGE AS OF SEPT. 1, 2021 \_\_\_\_\_ YRS \_\_\_\_\_ MOS

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ Email: \_\_\_\_\_

CLASS REQUEST (MARK 1<sup>ST</sup> AND 2<sup>ND</sup> CHOICE):  
2's: \_\_\_\_\_ 2 DAY  
          \_\_\_\_\_ 3 DAY  
2 1/2's \_\_\_\_\_ 2 DAY  
          \_\_\_\_\_ 3 DAY  
3's \_\_\_\_\_ 2 DAY  
      \_\_\_\_\_ 3 DAY  
      \_\_\_\_\_ 5 DAY  
4's \_\_\_\_\_ 2 DAY  
      \_\_\_\_\_ 3 DAY  
      \_\_\_\_\_ 5 DAY  
KINDERGARTEN \_\_\_\_\_ 1<sup>ST</sup> GRADE \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ PRIMARY PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ SECONDARY PHONE \_\_\_\_\_  
(if different from child's)

OCCUPATION \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ PRIMARY PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ SECONDARY PHONE \_\_\_\_\_  
(if different from child's)

OCCUPATION \_\_\_\_\_

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