Office Use Only:							
Registration Fee Paid	d: Check #/ACH:	Amt.:	_ Cash Amt.:	Date of Registration:			
REGISTRATION F	EE 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.							

DISCOVERY SCHOOL of SAN ANTONIO, INC. REGISTRATION

2024 - 2025

REGISTRATION #_

CHILD'S NAME			M F _	
DOB		AGE AS OF SEPT. 1, 2024		
ADDRESS				
PRIMARY PHONE:	CITY			ZIP
CLASS REQUEST (MARK 1 ST AND 2 ND CHOICE):	2's: 2 DAY 3 DAY	2 ½'s	2 DAY 3 DAY	
3's 2 DAY	KINDERGARTEN	_ 1 ST GRADE .		
PARENT/GUARDIAN	PF	RIMARY PHONE		
ADDRESS (if different from child's)	SECONI	DARY PHONE		
EMAIL:				
OCCUPATION				
PARENT/GUARDIAN	PR	IMARY PHONE		
ADDRESS (if different from child's)	SECON	Dary Phone		
EMAIL:				
OCCUPATION				
Child lives with both parents Mother Father	Guardian Custody docum	ments on file (if app	licable) Ye	s No
Please list the names and phone numbers for all thos your child: (Children will only be released to a person d	•	•		up
 I have received a link to the Discovery School Parent Hand Health Guidelines, and Emergency Preparedness Plan, and I understand that I must notify Discovery School in fees are non-refundable. My child has permission to participate in all School activities 	d agree to cooperate with the pole writing 30 days prior to with	icies and procedures hdrawal, and that	s of Discovery S registration	School.
SIGNATURE OF PARENT OR LEGAL GUARDIAN	DAT	E		
SIGNATURE OF DIRECTOR		<u> </u>		