



Discovery Corner Preschool  
*an outreach ministry of*  
 First United Methodist Church  
 29 East Walnut Street  
 Lancaster, PA 17602  
 717-394-7231

...A Christian preschool with  
 a loving learning environment.

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

### 2011-2012 Registration Form

Full name of child: \_\_\_\_\_ Nickname/name preference: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age by 9/1/11 \_\_\_\_\_ years \_\_\_\_\_ months "Potty" trained: yes in process no

Home mailing address: \_\_\_\_\_

Street/PO Box

city

state

zip

Home phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ e-mail address: \_\_\_\_\_

Name(s) of legal Guardian: \_\_\_\_\_ School District of Home: \_\_\_\_\_

Name(s) of person(s) with whom child resides: \_\_\_\_\_

Father's name: \_\_\_\_\_ Mother's name: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

work # \_\_\_\_\_ work # \_\_\_\_\_

(Please notify director if information changes.)

Please indicate in which class you wish to enroll your child:

Two Year Olds  
 2 by 9/1/11  
 Wednesday   
 Tues./Thurs.

Three Year Olds  
 3 by 9/1/11: T/Th   
 3 by 9/1/11: M/W/F

Pre-K 1  
 4 by 9/1/11  
 M/W/F

Pre-K 2  
 4 by 9/1/11  
 T/Th/F   
 M-F

A \$45.00 *Non-refundable* registration fee due to secure enrollment. (\$65.00 for two siblings!)  
 Registration fees are used to purchase curriculum and craft needs in preparation for the school year  
 and are therefore non-refundable.

Please make checks payable to: Discovery Corner Preschool

Mail to: Discovery Corner Preschool  
 First United Methodist Church  
 29 E. Walnut Street  
 Lancaster, PA 17602

- As an out-reach ministry of First United Methodist Church, Discovery Corner is a non-profit Christian school. Some scholarships are available. If you need to apply for scholarship funds, please request the necessary paperwork so we may begin the process. The Board of Directors meets to review applications and may grant a reduction in tuition based on need.
- It is assumed your child is enrolled for the entire school year. No refunds are given for absences. Should your circumstances change, and you need to withdraw your child, please give Discovery Corner no less than two weeks notice.

- You will receive an information packet at Orientation scheduled for Sept 6, 2011. All paper work and the first month's tuition are due *before* school begins.
- Children are considered for enrollment in the order in which application and paid registration are received.
- Discovery Corner does reserve the right to dismiss a child if, after intervention attempts, we feel we cannot not need the needs of your child due to emotional, physical, or behavioral concerns.

• Tuition Schedule:

2 yr. Old Program: \$333.00/year for one day(W)/week payable in monthly installments of \$37.00/month.  
 \$666.00/year for two days (T/Th)/week payable in monthly installments of \$74.00/month.

3 yr Old Program: \$945.00/year for two days (T/Th)/week payable in monthly installments of \$105/month.  
 \$1,342.00/year for three days(M/W/F)/week payable in monthly installments of \$149/month.

PRE K 1Class: \$1,342.00/year for three days (M/W/F)/week payable in monthly installments of \$149/month

PRE K 2 Class: \$1377.00/year for three days (T/Th/F)/week payable in monthly installments of \$153.00/ month  
 \$2,318.00/year payable in monthly installments of \$258.00/month

\*15% Discount off of second siblings' yearly tuition. Needs-based scholarships available.

**Student Needs:**

Food allergies: \_\_\_\_\_

Any other allergies: \_\_\_\_\_

List any medications your child takes on a regular basis: \_\_\_\_\_

Do you have any concerns regarding your child's development?

Speech: \_\_\_\_\_

Hearing/Vision: \_\_\_\_\_

Emotional: \_\_\_\_\_

Are there any family concerns that might affect your child emotionally or behaviorally?

**EMERGENCY CONTACT AND RELEASE INFORMATION**

You will receive a form with *emergency contact and release information due before your child starts school*. For the safety of your child, Discovery Corner requires photos of all individuals to whom we may release him/her. Again, if this information changes at any time, please notify the director immediately!

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Registration Form Received: \_\_\_\_\_ Registration Fee Received: Date: \_\_\_\_\_ Check # \_\_\_\_\_

Class letter: \_\_\_\_\_ Student information Packet \_\_\_\_\_