



Enrollment Application

Children's Discovery Academy, Inc.

Please complete this form for each child you wish to enroll and return with the \$35 per family, non-refundable application fee to Children's Discovery Academy, Inc.

Child's Full Name:		
Date of Birth:	Current Age (Years and Months):	
Address:		
1 st Parent/Guardian's Full Name:		
1 st Parent/Guardian's Address:		
Home Phone:	Work Phone:	Email:
2 nd Parent/Guardian's Full Name:		
2 nd Parent/Guardian's Address:		
Home Phone:	Work Phone:	Email:
Previous childcare experiences:		
How did you hear about CDA?	Does your employer participate in Employer-Sponsored Childcare with CDA? If so, who is your employer?	

Please indicate your preference by checking the boxes below:

Program Selection:

Explorer Classroom- Infant and Toddlers (0-36 months) Year-Round	Innovator Classroom- (3-5 years) Year-Round
Pathfinder Classroom- (6-13 years) Wrap-around school- Before/after school, half days, weather delays, school cancelations, days off within the school year.	Pathfinder Classroom- (6-13 years) Summer Camp- June-August

Days Selection: minimum billing of 2 days each week except for Pathfinder Wrap-Around School program.

Full-time: Monday-Friday	Part-time: 2-4 days/week. Monday Tuesday Wednesday Thursday Friday Varies
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Care Selection:

Up to 12 hours of care: 6:00 am to 6:00 pm	Extended care: 5:30 am to 8:00pm
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_____ Date you want child to begin _____
 Parent or Guardian Signature

Upon returning the application form(s) and fee (\$35), you will be contacted to confirm your registration. Please make checks payable to Children's Discovery Academy.

Center use only:
 Date & Time Received: _____ Center Director Approval: _____