



Enrollment Application

Children's Discovery Academy, Inc.

Please complete this form for each child you wish to enroll, and return with the \$50 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 & Child's Full Current Address:		
Primary Phone:	Type: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work ext. _____	Does this number receive text messages: <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:		
2 nd Parent/Guardian's Full Name:		
2 nd Parent/Guardian's Full Current Address:		
Primary Phone:	Type: <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work ext. _____	Does this number receive text messages: <input type="checkbox"/> Yes <input type="checkbox"/> No
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?	

Additional Information

CDA is a 501(c)(3) nonprofit organization and regularly applies for grants to increase the program quality provided without increasing costs to families. Grant opportunities require reporting of specific data of the population that benefited from that grant. The following information will **only** be used for these purposes. Children's Discovery Academy, Inc. does not discriminate based on age, disability, ethnicity, gender identity or expression, gender, genetic information, height, HIV/AIDS status, immigration status, marital or familial status, military or veteran status, national origin or ancestry, physical appearance, political persuasion, pregnancy, race, religion or creed, sex, sexual orientation, skin color, socio-economic status or homelessness, student status, union activity, weight, or any other characteristic protected by law.

Please indicate the race of your child: _____ Is your child Hispanic? Yes No

English Proficiency: None Little Moderate Proficient Other Language: _____

Other Language Proficiency: None Little Moderate Proficient

If your child attends a public school for grades Kindergarten through 6th grade, please indicate their school and grade level: _____

Does your child have any special needs or accommodations? Yes No If so, please specify, and provide a copy of any current Individualized Family Service Plan (IFSP), Independent Education Evaluation (IEE), Individualized Education Plan (IEP) Individualized Health Plan (IHP), 504 plan, or neurodivergent diagnosis: _____

Is your current address above different from your mailing and living address? Yes No

If yes, please provide your mailing and living address: _____

Parental Status Single Parent Home Two Parent Home Homeless Family Yes No

Referred by Child Welfare Agency Yes No Receiving SNAP Yes No Receiving WIC Yes No

Please indicate your preference by checking the boxes below:

Program Selection:

Explorer Classroom- Infants (0~18 months) Year- Round	Investigator Classroom- Toddlers (1.5~3 years) 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: Children's Discovery Academy is a full-time program. Families may elect a part-time schedule, but tuition covers the price of the childcare spot, regardless of usage.

Full-time: Monday-Friday	Elective Part-time Schedule: 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 7:00pm
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_____ Date you want child to begin _____
Parent or Guardian Signature

Upon returning the application form(s) and fee (\$50), 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: _____