#### FOR OFFICE USE ONLY:

Address (if different): \_\_\_\_\_

(Street)

Cell Phone:

Date App. Recd.	Interview		
Fees Paid	Date		
Date Paid	SS. verified		
Check No	Birth Cert.		
Date of Entry	Date of Withdrawal		
Teacher			



## 2023 - 2024 Application for Registration Current Students Name of Student: \_\_\_\_\_ (Last) (First) (Middle) (Preferred) \_\_\_/\_\_\_/\_\_\_\_Female Date of Birth: Age on Sept. 1, 2023 :\_\_\_\_/\_ Male Home Address: \_\_\_\_\_ (Street) (City) (State) (Zip) \_\_\_\_\_ Primary Email:\_\_\_\_\_ Primary Phone:\_\_\_\_\_ (Please check all that apply) Student lives with: Father\_\_ Mother\_\_ Stepfather\_\_ Stepmother\_\_ Guardian\_\_\_\_ What is the primary language spoken in the home? Is there any other language spoken in the home, and to what extent? PARENT/GUARDIAN INFORMATION Relationship to Child:\_\_\_\_\_ Name: \_\_\_\_\_ Address (if different): \_\_\_\_\_ (Street) (City) (State) (Zip) Cell Phone: Work Phone: Occupation: \_\_\_\_\_ Employer: \_\_\_\_ Email: \_\_\_\_\_ Relationship to Child:\_\_\_\_\_ Name:

(City)

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

Work Phone:

(State)

(Zip)

ps		St	udent's Name:	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	SIB	LING INFORMATI	ON	
Siblings:	Name	Age	Grade	Present School
13	ADD	ITIONAL INFORM	ATION	FT
How did you hear	about Discovery School	?		
Person(s) Respo	onsible for Tuition Payr	nents:		
NAME (Print):	(First)		Last)	
		**		
	(Signature)			(Date)
Information sha (check those that Father/s	ll be released to: apply) Mother/s			
Stepfather N Guardian/s	ame:		<del></del>	
Physician Inform				
Physician's Name	::			
Physician's Addre	ess:(Street)	(City)	(State	e) (Zip)
Physician's Phone	e:			
Date of last physi	cal:	TELL		- page-
Date of last heari	ng test:		21	
Date of last vision	n exam:			
Date of last denta	ıl exam:			

PROGRAM REQUESTED	
SCHOOL YEAR: 2023-2024	
CHOOSE PROGRAM DESIRED: TODDLER PROGRAM Ages 18 months - 3 years: Indicate choice	
8:30 a.m 11:30 a.m. Monday – Friday Half Day Class	8:30 a.m 3:00 p.m. Monday - Friday Full Day Class
EARLY CHILDHOOD PROGRAM Ages 2 1/2 - 6 years: Indicate choice	
8:15 a.m 11:30 a.m. Monday – Friday Half Day Class Ages 2 ½-4	8:15 a.m 3:15 p.m. Monday – Friday Full Day Class: Ages 2 ½ -6
<b>ELEMENTARY:</b> Indicate choice  Please submit school records (transcript, report cards, progress reports, test results,) for the last t	wo years with applications for elementary.
_1st _2nd _3rd grades (ages 6-9)8:15 a.m 3:30 p.m.	
_4th _5th _6th grades (ages 9-12)8:15 a.m 3:30 p.m.	
<b>EXTENDED DAY (if available):</b> Indicate choice These options are for those parents/guardians that need before and after school care.	
Morning (AM)	
Afternoon (PM)	
Both AM & PM	
ACKNOWLEDGEMENT	
By submitting this application, I certify that all the information provide best of my knowledge. I confirm that I have legal custody of the child w Discovery School.	
Parent/Guardian (Print Name)	Date
Signature	
Parent/Guardian (Print Name)	Date

# The Discovery School Founded in 1974 Accredited By:

Signature

Southern Association of Colleges and Schools (SACS)
American Montessori Society (AMS) Full Member School
International Montessori Council (IMC) Member School
Texas Private School Accreditation Commission (TEPSAC)
Texas Private Schools Association (TPSA)
A Texas Non-profit Corporation (I.R.S. Section 501 (c)(3) Organization)

All students regardless of color, creed and national or ethnic origin are eligible for enrollment at Discovery School.

### **TUITION AND REGISTRATION** PROCEDURES AND POLICIES FOR 2023-2024 SCHOOL YEAR

	Annual			
Half Day	<b>Tuition</b>	10 Months (Due Aug.	1st)	12 Months (Due June 1st)
1 child (Primary class)	\$4,791	\$479		\$399
1 child (Toddler class)	\$6,720	\$672		\$560
*No Discount given for half day	siblings or toddlers	·*		
<u>Full Day</u>				
Toddler class	\$7,616	\$762		\$635
1 child	\$6,460	\$646		\$538
2 children (w/3% discount)	\$12,533	\$1,253		\$1,044
3 children (w/6% discount)	\$18,218	\$1,822		\$1,518
*No Discount given for half day		*		
**All Tuition is non-refundable	<i>ক</i> ক	Discounted fees if paid:	Or	Pay the fees below if paid:
Fees (All following fees are Non-ref	fundable at anytime)	Before 5/1/23 (discounted fees)		After 5/1/23 (regular fees)
Registration Fee (Non-refundable		\$150 per child		\$250 per child
Building Usage Fee (Non-refunda		\$375 per child		\$575 per child
Enhancement Fee (Non-refundabl		\$300 per family		\$600 per family
,	,	•		•
Mandatory Fundraising per		sing events will be planned in acco	ordance	e to CDC guidelines"
Each family agrees to the following			/. /ED	<b>A</b> N = 0 = 0 = 0 = 0
		worth of raffle tickets by event da		A) or a monetary
		is held whichever comes first; an		
		00 worth of tickets by event date (	IBA) (	or a monetary
donation of \$200 Due by	4/1/24 if no event is	held whichever comes first.		
* If not fulfilled by due dates the	mition account will h	a hillad for the monetony differen	00 11/11/1	an additional late for
* If not fulfilled by due dates the the charge of \$35. Families are enco				
charge or \$35. Families are enco	urageu to make audit	nonai contributions of sen additio	nai uck	cis to support the school.
<b>Extended Day added Monthl</b>	y Fees	<b>Extended Day</b>	<u>Time</u>	<u>s</u>
Morning care \$120 per child		7:15 am to 8:00	am	
Afterschool \$240 per child		3:15 pm to 5:30	pm	
A.M & P.M. \$350 per child		•	-	
Miscellaneous Fees				
Late payment Fee after the 5 <sup>th</sup> of t	he month	\$35		
NSF (any reason)		\$35		
Late Pickup Fee		\$50		
Early Withdrawal Penalty Fee		\$600 per child		
Credit Card Fee		3%		
Daycare Drop-in Rate (automatic	at cian in)	\$20 per hour per child		
**Any intervention services/asses			noial #	senoneihility of the
	sments of additional	accommodations are the sole fina	metal re	esponsionity of the
parent/guardian.				
	la in a deserte de la	1St of an all arrandly Age of set	h æ	h
ition payments are due and payab				
e along with the tuition payment.	Failure to pay tuitio	on after the days allotted, your s	tudent	may not be allowed to retur
school.				
thdrawal policy: Parents need to s				
ole for the following month's tuition	·	1 0 110		records, transcripts, teacher
ommendations/evaluations will be	released only after	financial obligations are paid in	ı full.	
O/ DISCOUNTED ATTOMES OF	MTOTAT ANIMITAL		ATON	
% DISCOUNT IS ALLOWED OF GUST 1, 2023 OR UPON REGIST			ALUN	G WITH THE FEES BY
fees and payments are non refund	able. Payment tern	ns, fee amounts and tuition payı	ments a	are subject to change annual
	las madina the neli	aing and muchadanas of The Disc	OT/ONT/ (	Cabaal atatad abawa
agning this document, I acknowled	ige reading the pon	cies and procedures of The Disc	overy	School stated above.
	-	-	overy	School stated above.
	-	-	overy	School stated above.
signing this document, I acknowled me of Student:	-	-		School stated above.

**Date** 

Signature of Parent or Guardian

#### Parent's Acknowledgement of Risk & Personal Responsibility

"I acknowledge that I have freely chosen to enroll my child(ren) at Discovery School for the 2023-24 school year. I understand that Discovery School has taken all reasonable precautions to protect parents, students, and staff from exposure to COVID-19. Those measures include but are not limited to appropriate screening of families and staff, temperature measurement, face masks, social distancing, and enforcement of proper hygiene and sanitization. These and other preventive measures will be implemented at the school's discretion.

I am permitting my child(ren) to participate in school activities and programs at Discovery with this understanding and hereby knowingly and voluntarily assume all risks of injury, illness, death, or damage related to COVID-19, which may arise as a result of my child's voluntary participation and attendance of Discovery School. I accept full responsibility for all medical expenses for any injuries or exposure my family might receive by reason of my child's attendance.

I further acknowledge that my child's attendance may expose my family to COVID-19 in spite of the above measures, and I assume any such risk, thus releasing Discovery and all its agents from liability. I may discontinue my child's attendance at any time in light of the risks I am assuming hereunder, while acknowledging that this attendance in no way impacts or releases me from my contractual enrollment agreement.

I also **agree** that by attending Discovery School, my family will **fully comply** with all such measures out of respect for the safety and health of the teachers and the larger school community. I agree to abide by all safety precautions outlined in the above commitment, to the fullest extent possible, when in public spaces outside of school."

* Both Parent's Si	gnature Needed		
Parent/Guardian		 Date	
Parent/Guardian		Date	
Student(s) Name:	1 2.		
	3		