

Date Received: _____
(Office Use Only)

Date you wish to start: _____

Preliminary Application for Admission Discovery Child Development Center

To the Parent or Guardian:

This application represents a request for admission. The application is not binding upon the applicant or Discovery Child Development Center.

Employee of JMH: Yes _____ No _____

The Discovery Child Development Center is open to serving the childcare needs of the community; however, first preference for new enrollees will be given to Johnson Memorial Hospital employees. The second preference is given to siblings attending or have attended Discovery Center and affiliates of JMH. The third preference is given to community children.

If there are no openings at the time the application is received the child will be placed on an age appropriate waiting list according to the date in which the application was received. Consideration for placement into a particular classroom will be based on space availability, application dates, and preference category.

Child's Name _____
Last First Middle

Child's Date of Birth: _____ Due Date: _____

Child's Address: _____ Phone: _____
Street

City State Zip

Please circle the days you will be attending: M T W Th F Drop In

Center previously attended: _____
Name

Mother's Name

Father's Name

Home Phone

Home Phone

Work Phone

Work Phone