



Discovery Place Preschool and Kids Club

2024-2025 Registration 3s

Child(first)_____ (middle)_____ (last)_____ Sex_____

Child's birthdate_____ Email_____

Guardian_____ Guardian_____

Address_____ City_____ Zip_____

Home phone_____ Cell phone_____

Number of people in house_____ Gross yearly income\$_____

My child will attend Discovery Place Preschool at:

_____Pleasantview (Lakefield) \$150/month or \$37.50/week; classes meet Monday-Thursday mornings, 8 am-10:30 am

_____Riverside (Jackson) \$150/month or \$37.50/week; classes meet Monday-Thursday mornings, 8 am-10:30 am

_____Riverside (Jackson) \$150/month or \$37.50/week; classes meet Monday-Thursday afternoons, 12:15-3:05 pm (early out Wednesdays)

My child will attend both Kids Club and Discovery Place Preschool at:

_____Pleasantview (Lakefield) \$625/month or \$156.25/week; Monday-Friday, 6:30am to 5:30pm

_____Riverside (Jackson) \$625/month or \$156.25/week; Monday-Friday, 6:30am to 5:30pm

_____ **\$20 registration fee is included**

Signed:_____ Date:_____

Please continue registration on back of this page



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Please complete the information below to receive information about scholarship opportunities at Discovery Place Preschool. This does **NOT** guarantee scholarship.

\$_____ Gross Yearly Income

My family qualifies for: (please circle all you qualify for)

Minnesota Family Investment Program
Child Care Assistance Program
Free & Reduced-Price Lunch Program
Child Adult Care Food Program
Supplemental Nutrition Assistance Program
Head Start

DISCOVERY PLACE PARENT AGREEMENT

By signing this agreement, I understand that:

- I am responsible for paying required tuition amounts monthly to Discovery Place Preschool AND Kids Club. Inability to pay may result in not being able to attend.
- Discovery Place is funded by the School Readiness Grant and the Voluntary Prekindergarten Grant. Limited seats are available. Funding is subject to change and I will be notified immediately upon changes in tuition rates.
- I have included the \$20 registration fee.
- I will be contacted to confirm receipt of this registration form.

Signed: _____ Date: _____

OFFICE USE ONLY: Date Received: _____ Received By: _____