



2020-2021 DISCOVERY PLACE PRESCHOOL - 3s

For children who will be 3 years old by September 1, 2020

Complete and return with registration fee as soon as possible.

CHILD _____ SEX _____

MOTHER _____ FATHER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____
(Mom) (Dad)

CHILD'S BIRTH DATE _____ Email address _____

_____ \$20 registration fee is enclosed with this form. This is required to hold your place.

My child will attend 3s preschool at:

_____ **Pleasantview (Lakefield)**. Class meets Monday, Tuesday, Wednesday and Thursday from 8 to 10:30 a.m.

_____ **Riverside (Jackson)**. Class meets Monday, Tuesday, Wednesday and Thursday from 8 to 10:30 a.m.

_____ **Riverside (Jackson)**. Class meets Monday, Tuesday, Wednesday and Thursday from 12:15 to 3 p.m.
(early out on Wednesdays at 2 p.m.)

Scholarship Information

_____ Number of people in family living in your house

\$_____ 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

FEES – 3-Year-Old Discovery Place

The cost for Preschool is \$125 per month, plus a snack fee of \$50. This includes 38 weeks of preschool (four days per week) September through May. You may qualify for reduced fees. Fill out the scholarship information on your child's registration and we will notify you if you qualify. Please call Amber at 847-5868 if you have questions about fees.

DISCOVERY PLACE PARENT AGREEMENT

By signing this agreement, I understand that:

- Discovery Place is funded by the School Readiness Grant.
- A parent involvement component is required of all families with children attending Discovery Place Preschool.
- In order to fulfill this requirement, I must attend two family activities throughout the year.
- If I do not full fill my parent involvement, my child will not be able to attend Discovery Place Preschool.

Signed: _____ Date: _____

OFFICE USE ONLY: Date Received: _____ Received by: _____