

Discovery Club Enrollment

Student Name _____ Gender _____

Grade _____ Teacher _____

Parent Name _____ Contact # _____

Parent Name _____ Contact # _____

Emergency Contacts:

Name: _____ Phone: _____

Address: _____ Relationship to Child: _____

Name: _____ Phone: _____

Address: _____ Relationship to Child: _____

Parent Signature _____ Date _____

Please check the days and times that your child will be enrolled in Discovery Club:

Monday AM _____ Monday PM _____

Tuesday AM _____ Tuesday PM _____

Wednesday AM _____ Wednesday PM _____

Thursday AM _____ Thursday PM _____

Friday AM _____ Friday PM _____

Total Discovery Club fees per month: _____

Payment will made to the DCS office by the first of each month. Please contact the school office regarding scholarships.