



Application for Enrollment

www.discoveryjunctioninc.com

50 West Market Street ■ Campbelltown, PA 17010
717-838-6211

Date of application _____
Four-digit door code desired _____

Child's Full Name _____ Child's Birth Date _____

Child's Address _____

Parent/Guardian Name _____ Home Phone # _____

Email _____ Cell Phone # _____

Parent/Guardian Address _____

Parent/Guardian work location _____ Work Phone # _____

2nd Parent/Guardian Name _____ Home Phone # _____

Email _____ Cell Phone # _____

Parent/Guardian Address _____

Parent/Guardian work location _____ Work Phone # _____

Desired Program (Please Circle One)

Young Infant (6 weeks to 8 months)

Older Infant (8 to 12 months)

Young Toddler (13 to 18 months)

Tween Toddler (19 to 23 months)

Older Toddlers (24 to 36 months)

Preschool 1 (3 to 4 years) Preschool 2 (4 to 5 years)

Kindergarten Enrichment (5 to 6 years)

Before and After School (6 to 12 years)

Before School Only (6 to 12 years)

After School Only (6 to 12 years)

_____ **Full Time (5 to 10 hours)** or _____ **Part Time (1 to 5 hours)**

Days of the week needed (Please Circle) Mon. Tues. Wed. Thurs. Fri.

Hours needed* _____ Potential Enrollment Date _____

How did you hear about Discovery Junction? _____

Parent Signature: _____

*Use back of sheet to give any additional schedule information.

.....
For office use only:

Fees due at time of enrollment:

• Registration fee of \$40 for first child and \$25 additional children (non-refundable)
Date paid _____ Amount paid _____ Payment method _____

• Placement reservation deposit equal to the amount of one week of tuition. Your deposit is held until the child(ren) are withdrawn from center care and will be applied towards the required 2-week withdrawal notice time period.
Date paid _____ Amount paid _____ Payment method _____