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Summer Preschool Program

Enrollment Packet

Enrollment & Tuition

Students aged 33 months to age 5 (before Kindergarten) are welcome to enroll in the Discovery Woods School (DWS) Summer Preschool Program. Current DWS preschool children and those enrolled in the fall will have priority for enrollment in the summer program; however, any child meeting the program requirements is welcome. The program will be limited to the first 20 students. Although it is encouraged that students who enroll are potty-trained or actively working on potty training, the program accepts students who are not yet fully potty-trained.

DWS does not require an application fee for preschool enrollment. Tuition is due weekly and is due on Monday of each week. If tuition has not been arranged or paid by the end of the week, the child will not be able to attend the following week, and a late fee of \$25 will be added.

Discovery Woods Preschool Tuition Schedule:

The Discovery Woods Summer Preschool program runs from June through August*.

Schedule	Price per Week	Hours of Care
M-F	\$200	8 am - 5:00 pm

*A Summer preschool calendar will be sent out to families upon acceptance into the program.

Preschool Pick-up and Termination Policy

Timely pickup is required. Late pickups disrupt staff schedules and impact program operations. It is understood that unforeseen circumstances may arise; however, families must communicate with preschool staff if they anticipate being late. A late fee of \$20 will be charged, plus \$1 for every 1 minute past the scheduled pickup time of 5:00 p.m. Repeated late pickups may result in removal from the program.

The DWS Preschool program expects students to be enrolled from the time of their admission until the end of the summer program. The program requires a two-week advanced notice if a student withdraws from the program. If a student withdraws from DWS Summer Preschool, payments are required during the withdrawal period. If notice of termination is not given, the parent/guardian is still responsible for paying tuition for the entire week, and any payments already made will not be reimbursed.

Preschool Absence Policy

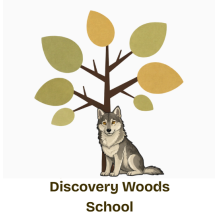
If a child needs to be absent due to illness or other circumstances, please contact the main office before 8:00 am. The preschool program does not give discounts or refunds for days children do not attend. If a child needs to take a leave of absence for more than two weeks, the parent/guardian may discuss payment options with the administration.



Summer Preschool Program Enrollment Form

STUDENT INFORMATION			
LAST NAME:		LEGAL FIRST NAME:	
MIDDLE NAME:		PREFERRED NAME:	
BIRTHDATE:	LEGAL GENDER: <input type="checkbox"/> M <input type="checkbox"/> F	BIRTH PLACE:	
ETHNICITY: (Please check all that apply) <input type="checkbox"/> American Indian-Alaska Native <input type="checkbox"/> North American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic-Latino <input type="checkbox"/> Black-African American <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander			
GUARDIAN INFORMATION			
Guardian 1	NAME:		Legal Guardian <input type="checkbox"/> Y <input type="checkbox"/> N
ADDRESS:		CITY:	STATE: ZIP:
The student lives at this address <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			
If Part-time, what is the student's schedule at this address (days/weeks)? _____			
CELL PHONE:		OTHER PHONE NUMBERS:	
EMAIL:			
Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other			
Guardian 2	NAME:		Legal Guardian <input type="checkbox"/> Y <input type="checkbox"/> N
ADDRESS:		CITY:	STATE: ZIP:
The student lives at this address <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			
If Part-time, what is the student's schedule at this address (days/weeks)? _____			
CELL PHONE:		OTHER PHONE NUMBERS:	
EMAIL:			
Relationship to Student: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Step-Parent <input type="checkbox"/> Foster Parent <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other			
EMERGENCY CONTACTS/AUTHORIZED PICK UP			
NAME:		PHONE:	RELATIONSHIP:
NAME:		PHONE:	RELATIONSHIP:
NAME:		PHONE:	RELATIONSHIP:

How did you hear about us? Online Social Media Word of Mouth Other: _____



DATA PRIVACY STATEMENT & PERMISSIONS

Child's Name: _____ Birthdate: _____

Parent/Guardian Name: _____

Data Privacy

Discovery Woods School will utilize the following items as school data for use between the school and families, as well as for state reporting to the MN Department of Education (MDE). Student information will not be provided to outside parties unless the parents/guardians have approved this request in advance.

- The First, Middle, and Last name of the student
- The mailing address of the student, including city, state, and ZIP
- Telephone number(s)
- Birthdate
- Parent/guardian/custodian names, contact addresses, and phone numbers

Do you authorize the school to photograph or videotape your child for purposes of school records and/or Discovery Woods publicity (e.g., Facebook page, Instagram, newsletter, newspaper, brochures, website, yearbook)? Yes No

Medical Information

Does your child have allergies? Yes No

*If yes, please fill out the school's Child Allergy Plan (CAP) for your child.

Special Dietary requirements: _____

Medical conditions or ongoing medications taken: _____

Walking Field Trip Permission

I permit my child to accompany his/her class on all walking field trips. Staff will ensure a safe walking route and supervision to/from the school.

Parent Printed Name:	Date:
Parent Signature:	