

Discovery Child Care Center

NJ State Licensed

Registration NOW GOING ON for 2 New Programs



Monday thru Friday
9:00 AM to 11:00 AM
2 thru 5 Day Options

2-Days: \$180.00 pr/month
3-Days: \$240.00 pr/month
4-Days: \$325.00 pr/month
5-Days: \$375.00 pr/month

Ages: 2.5 & Up
Circle Time, Arts & Crafts, Story/Reading

COME, PLAY, LEARN

Small Groups, Academically focused led by credentialed teachers.

Monday thru Friday
12:00 to 2:00 PM
2 thru 5 Day Options

2-Days: \$180.00 pr/month
3-Days: \$240.00 pr/month
4-Days: \$325.00 pr/month
5-Days: \$375.00 pr/month

Ages: 2.5 & Up

Circle Time, Arts & Crafts, Story/Reading
Time & Gym Time



LUNCH BUNCH

Snack Pack/Lunch Bunch: Registration Form

Student _____ Age _____
Address _____ City _____ Zip _____
Cell # _____ Alt Phone # _____
Email: _____

Please Check Appropriate Areas: Snack Pack Lunch Bunch 2-Day 3-Day 4-Day 5-Day
 Mon Tue Wed Thur Fri 9:00-11:00 AM 12:00-2:00 PM

- Please list Allergies & or Health Concerns on the Health History/Medical Form (page 3).

Amount Enclosed _____ Parent Signature _____

One Commerce Drive Cranford, NJ 07016 (908) 272-3500 www.diamondgymnasticsacademy.com

Discovery Child Care Center

Emergency Information Form

Name of Child _____ Date of Birth _____ Child's Age _____

Home Address: _____

Mother's/Guardian's Name: _____ Telephone _____

Home Address: _____

Work _____ Cell #: _____

Mom's Email _____ Hours at Work _____

Father's/Guardian's Name: _____ Telephone _____

Home Address: _____

Work _____ Cell #: _____

Dad's Email _____ Hours at Work _____

In case of an emergency, give names of persons who can be called if we cannot reach parents (and be sure that these people know you have given us their names):

Name: _____ Cell # _____

Address: _____ Relationship _____

Name: _____ Cell # _____

Address: _____ Relationship _____

Is there a physical or emotional problem which might interfere with your child's adjustment to this program? If so, please describe: _____

Signature _____ Date _____

Authorizations

The following authorizations are necessary for the staff to act in your child’s best interest at all times. Please complete and sign each one.

Child’s Name: _____

Pick-Up Authorization: I hereby authorize:

Name: _____ Relationship _____

Address: _____

Cell Phone: _____ Alt. Phone _____

Name: _____ Relationship _____

Address: _____

Cell Phone: _____ Alt Phone _____

To pick up my child from the center. If these instructions should change, I will let you know in advance and in writing. (Please note any special instructions and the names of persons *not* authorized to remove your child from the gym).

Signature of parent/guardian _____ Date _____

I have read the enrollment policies, payment and make-up procedures and all other policies and agree to follow them and ensure that my child adheres to same. I further understand the potential risk inherent, in my child’s participation in the program and hereby release Discovery Child Care Center Inc., t/a Diamond Gymnastics Academy, Discovery Child Care Center & Cranford After Care staff, officers and affiliates from any liabilities in the event of any injury.

Signature of Parent _____ Date _____

HEALTH HISTORY/MEDICAL INFORMATION FORM

Student _____ Birth Date _____ Sex: M F Age _____
 Parent or Guardian _____ Cell Phone _____
 Home Address _____ Home Phone _____
 Business Address _____ Work Phone _____

Second Parent or Guardian _____ Cell Phone _____
 Home Address _____ Home Phone _____
 Business Address _____ Work Phone _____

IF NOT AVAILABLE in an emergency Notify:

Name _____ Relation to Student _____ Phone _____
 Address _____

Please List any Medical Issues _____

Please List any Allergies _____

Please List any Food Allergies _____

Is your child limited to any physical activities that our Summer Camp provides _____

**PLEASE PROVIDE DIAMOND GYMNASTICS ACADEMY WITH A
 CURRENT IMMUNIZATION HISTORY.**