



CHILDREN'S
discovery center

2013-2014 Application Form

Child's Name(s): _____ Date of Birth: _____

Child's Name(s): _____ Date of Birth: _____

Parent's (Guardian's) Name(s): _____

Address: _____ City: _____

State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email: _____

Requested Start Date: _____

Child's daily schedule: M T W Th F

Send applications and deposits to Children's Discovery Center at 1110 Venning Road, Mount Pleasant, SC 29464.

**Application form and tuition form must be completed for each student and returned with \$100 registration fee (per family) and a deposit equal to one week's tuition.*

**Application accepted on a first-come, first-served basis.*

**Subject to all policies listed in the Parent Handbook.*