



# Discovery Harbor Learning Center, LLC

## Website Enrollment Application

Date: \_\_\_\_\_

### Family Information

Parent/ Sponsor Name: \_\_\_\_\_

Parent/Co-Sponsor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone Numbers: Home: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

Work: (\_\_\_\_) \_\_\_\_\_

Best time to call: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Child/Children Information:

\_\_\_\_\_  
**First Name**

**Birth Date:** \_\_\_\_\_ or Due Date: \_\_\_\_\_

\_\_\_\_\_  
**Middle Initial**

Boy  Girl

Age of Program: \_\_\_\_\_

Tuition: \_\_\_\_\_

\_\_\_\_\_  
**First Name**

**Birth Date:** \_\_\_\_\_

\_\_\_\_\_  
**Middle Initial**

Boy  Girl

Age of Program: \_\_\_\_\_

Tuition: \_\_\_\_\_

\_\_\_\_\_  
**First Name**

**Birth Date:** \_\_\_\_\_

\_\_\_\_\_  
**Middle Initial**

Boy  Girl

Age of Program: \_\_\_\_\_

Tuition: \_\_\_\_\_

If in before and/or after school care, does child attend Mt. Island Elementary?\*  Y  N

\*Due to State regulations, we are unable to provide transportation to and from Discovery Harbor Learning Center.

Are you currently in a center? If so, which one: \_\_\_\_\_

Enrollment Date Desired: \_\_\_\_\_ Fax to us: 980.297.7332 or mail to  
8425 Discovery Lane  
Charlotte, NC 28216

*Please know that submission of this form does not constitute enrollment. At time of space confirmation, the annual registration fee and one week's tuition is due to reserve that space.*