



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

Middle Initial Boy Girl

Birth Date: _____ or Due Date: _____ Age of Program: _____
Tuition: _____

First Name

Middle Initial Boy Girl

Birth Date: _____ Age of Program: _____
Tuition: _____

First Name

Middle Initial Boy Girl

Birth Date: _____ 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.