



**Enrollment  
Application**  
*(Registration Fee \$85)*

Today's Date: \_\_\_\_\_ Date of Admission: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's  
Name: \_\_\_\_\_

Child's  
Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Father's  
Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation & Business  
Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Mother's  
Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Occupation & Business  
Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Written consent is given for (please check):

Emergency Medical Care: \_\_\_\_\_

Administration of Medicine: \_\_\_\_\_

Minor First Aid: \_\_\_\_\_

Trips/Walks: \_\_\_\_\_

Any Additional Information:

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Please check the desired schedule:

Full Days:

Half Days:

- 5 Full Days
- 4 Full Days (Days of the week)
- 3 Full Days (Days of the week)
- 2 Full Days (Days of the week)

- 5 Half Days
- 4 Half Days (Days of the week)
- 3 Half Days (Days of the week)
- 2 Half Days (Days of the week)

Time child will arrive: \_\_\_\_\_

Time child will depart: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

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

Signature of Director: \_\_\_\_\_

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

**Life Discovery School**  
**607 W. Springfield Road**  
**Springfield, PA 19064**  
**School Office: 610-543-5726 ext. 3**  
**Fax: 610-549-0065**  
**www.lcfconnect.com**  
**(Select the Life Discovery School Tab)**