			For Office Use
Discovery Place Application		Summer	
Wichita, Kansas 67206 316-684-1860 / 316-684-1873(fax) contact@discovery.place)	email:	Fall
Date of Application//	_ (No Application fee requ	ired with application)	
Anticipated Starting Date: Summer	Session// a	and/or Fall Session	II
	Bi	irthdate//	Sex
(Please write name child goes	by if different than legal name)		
Address	City	Zip Code	
Home Phone:Parent	's Cell phone	Parent's Cell phon	e
Place of Employment Work Phone Best Contact # Email PLEASE PRINT CLEARLY Address of parent (guardian), if different than above_		Place of Employment Work Phone Best Contact # Email PLEASE PRINT CLEARLY	
Other schools your child has attended			
Siblings names, ages and other scho	ools attended		
Option 1		Optio	on 2
	circle) M 5-3:00 ircle). F	Extended Day Presschedule includes pressfollowed by lunch, r activit Hours to a AM_to (Between 7:15 ar Days to attend M_TM	school in the morning est, and afternoon ties. ttend are: <u>PM</u> n and 6:00 pm.) (please circle).

What skills and experiences are you most interested in your child receiving in preschool?