

Important Parent Information

Name:					
Birthday:					
Phone Number:					
Email Address:					_
Would you like to receive payment receipts each month? □ Yes □ No					
If yes, how wo	ould you like to red	ceive them?	□ Email	□ Paper cop	у
Are you: ☐ Single, Div	vorced, Widowed	□ Marrie	ed □ Oth	er:	
Please indicate your race	e/ethnicity: 🗆 A	merican India	an/Alaskan Na	tive 🗆 Asian/	Pacific Islander
□ Black/African American	□ Caucasiar	n/White	□ Hispanic/Lat	ino 🗆 Other	:
We want to make sure that we are honoring the same morals and values here at Discovery Gardens as you do at home. If you would like, please let us know which Holidays and celebrations you participate in at home so that we can ensure that your child is learning the same here as well. (Optional) Religious Practice:					
Holidays:					
Celebrations:					
Please take a second and out, but it will just help us			you enjoy - Yo	ou are not require	d to fill it all
My Favorites: Color Flower Sports Team Hobby	First	Choice	·	Second	Choice
Charity			 -		
Leisure Activity					
Candy					
Food					

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