



Toddler Discoveries

Spring 2022

Child Information

Child's Legal Name: _____ Nickname: _____

Date of Birth: _____ Male ___ Female ___

Does the student have any allergies or physical limitations?

Yes ___ No ___

If yes, please describe:

Does the student require an Epi-Pen?

Yes ___ No ___

Please attach the following:

- Copy of the child's current immunization record

If Summit has a current copy of your child's immunization record, please initial here: _____

Please only complete the section below if you plan on bringing an older sibling to class with your toddler.

Sibling's Legal Name: _____ Date of Birth: _____ M ___ F ___

Family Information

Parent / Guardian

Full Name: _____

Relationship to child: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

Parent / Guardian

Full Name: _____

Relationship to child: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

E-Mail: _____

For Office
Use Only

Student ID _____

\$300 Registration Submitted _____ Check # _____ Date of Payment _____



Adult Attending Class

Please provide the name of adult who will be joining this child for class.

Full Name: _____

If other than Parent/Guardian, please provide cell phone and e-mail:

Cell Phone: _____ E-Mail: _____

Emergency Contact

Please provide us with an emergency contact person other than the adult who will be joining this child for class:

Full Name: _____

Cell Phone: _____ E-Mail: _____

Program Cost

Toddler Discoveries Program Cost: \$300 per child, per semester
\$25 fee per older sibling, to cover snack/material costs only if applicable)

If you have any questions about the Toddler Discoveries program, please contact:

Lisa Stearns Hayes, Director of Admissions, lisa.stearns@summitschoolaz.org

Please tell us how you heard about Summit School.

Please check all that apply:

- Advertisement: Please list the publication if possible: _____
- Social Media
- Referred by a friend: Who can we thank? _____
- Web search
- Word of mouth
- I have attended Toddler Discoveries previously.
- Other: _____

A \$300 enrollment check payable to Summit School must be submitted with this registration form.

Parent Signature: _____ Date: _____

Summit School does not discriminate on the basis of race, color, national origin, age, gender identity, religion, marital status, familial or parental status, sexual orientation, disability or protected genetic information when considering admission, employment or educational policies.