



Classroom of Discovery

Application Form
(new and returning students)

Application Fee: \$30 (new students only)

Child's Name: _____

Parent Name(s): _____

Address: _____

Phone: _____ Email: _____@_____

Child's Date of Birth: _____

Bridge to Discovery 9:00am-10:30am (adult/tot class): 1 ½ to 3 year olds

Preferred Class Day (please check applicable class):

Monday Wednesday No Preference

Preschool Program 9:00am-12:00pm: 2 ½ to 5 years old

Preferred Class Day (please check applicable class):

Two-Day (Th, F) Three-Day (M, T, W) Five-Day

Please tell us how you heard about the Classroom of Discovery:

Friend Newspaper Other _____

Family Cascades Current Internet (website) _____

Please Mail Application to:
Classroom of Discovery 20789 Great Falls Plaza, #110, E-4 Sterling, VA 20165

If we have a space available, a registration form will be sent to you upon receipt of this application. If not, we will call to advise you of our wait list situation. Your space is guaranteed upon receipt of your signed contract and deposit. Thank you for your interest in the Classroom of Discovery.