

**Most Blessed Sacrament Catholic Church  
Discovery Center ENRICHMENT Registration Form  
FALL/SPRING 2025-2026~MON & WED**

<b>Family's Last Name:</b>		<b>Child's Name (Last, First, Middle Initial)</b>			<b>MBS Parishioner</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Gender:</b> ( ) Male ( ) Female	<b>Age/Birthday:</b> (MMDDYY)		<b>Nickname:</b>	<b>Is Child Pottytrained?</b>  ( ) Yes    ( ) No	<b>How does child ask to go to the bathroom?</b>	
<b><u>Enrichment Options-</u></b> <b><u>Please indicate choice(s)</u></b>		_____ 8:30am-2:30pm (Mon & Wed) \$300 monthly, Aug-May (\$3000 yearly tuition)  <u>+ \$100 Registration &amp;</u> <u>\$250 Supply Fee</u>			_____ 8:00am-8:30am- Early Care Add-on (Mon & Wed) \$50 monthly, Aug-May (\$500 yearly tuition)	
<b>Father (Last Name, First Name, Middle Initial)</b>				<b>Mother (Last Name, First Name, Middle Initial)</b>		
<b>Street Address</b>				<b>Street Address</b>		
<b>City/State/Zip</b>				<b>City/State/Zip</b>		
<b>Cell Phone</b>		<b>Work Phone</b>		<b>Cell Phone</b>		<b>Work Phone</b>
<b>Home E-mail Address</b>				<b>Home E-mail Address</b>		
<b>Work E-mail Address</b>				<b>Work E-mail Address</b>		

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***Special Needs/Requests:***

***IN CASE OF AN EMERGENCY***

**Emergency Contact Person:**

**Contact's Phone Number:**

**Relationship to Student:**

**Doctor's Name:**

**Doctor's Phone # :**

**RELEASE OF LIABILITY**

I release Most Blessed Sacrament Discovery Center from liability for injuries and illnesses resulting from all circumstances, save gross negligence.

**Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_**

**List the names below of each person, other than parents, to whom your child may be released:**

**Name:**

**Name:**

**Address:**

**Address:**

**Phone:**

**Relationship:**

**Phone:**

**Relationship:**

- I agree to pay all tuition and fees for my child to attend Most Blessed Sacrament's Discovery Center.
- I agree to pay \$25.00 late fee on tuition payments made after the 10<sup>th</sup> of each month.
- I understand the Registration and Supply Fees are non-refundable.

**Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_**

