

**FIRST STEPS PRESCHOOL
ENROLLMENT APPLICATION**

CHILD'S NAME: _____ DOB: _____

PRIMARY ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MOTHER'S NAME: _____

WORK PHONE: _____ HOME PHONE: _____

FATHER'S NAME: _____

WORK PHONE: _____ HOME PHONE: _____

SIBLINGS: NAME: _____ AGE: _____

 NAME: _____ AGE: _____

 NAME: _____ AGE: _____

SCHEDULE REQUESTED

Hours should not exceed 9 per day. Extra fees may apply.

_____ Full Day
(Drop off after Pick up Before)

_____ School Age Before School
(Drop off after)

_____ School Age After School
(Arrives After School, Pick up Before)

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Estimated Drop Off Time: _____

Estimated Pick Up Time: _____

I would like my child to begin: _____

Are you eligible for Child Care Subsidy? Yes or NO

If yes, Case Worker: _____ Case Number: _____

Please return this completed application along with the non-refundable _____ Registration Fee. Checks should be made out to First Steps Preschool. You will be contacted by Carrie or Christina to confirm Enrollment. At the time Enrollment is offered, you will be asked to sign a Contract for Services/Fee Agreement detailing your child's enrollment, tuition, and security deposit information. Your child's enrollment in the program will not be confirmed until the Fee Agreement is signed and all deposits are paid.

OFFICE USE ONLY:

Application Received By: _____ Date: _____

ENROLLMENT:

Classroom: _____ Teacher: _____

Days: _____ FULL TIME PART TIME BEFORE SCH AFTER SCH