



Student Name _____

DOB _____ Age as of Sept. 2017 _____

Address _____

City/Town _____ State _____ Zip Code _____

Home Phone Number _____

Primary Parent/Guardian Name _____ Cell _____

Primary Parent/Guardian Email _____

Second Parent/Guardian Name _____ Cell _____

Addl. Emergency Contact Name _____ Cell _____

Any health or behavioral concerns Child Steps should know about?

CLASS DESIRED (please circle days):					
Little Tots (9a-11:45a):	MON	TUES	WED	THURS	FRI
3-year-old (9a-11:45a):	MON	TUES	WED	THURS	FRI
4-year-old (Pre-K, 9a-11:45a):	MON	TUES	WED	THURS	FRI
5-year-old (Jr. K, 9a-11:45a):	MON	TUES	WED	THURS	FRI
PM Enrichment (11:45a-2:45p):	MON	TUES	WED	THURS	FRI
AM Kindergarten:	MON	TUES	WED	THURS	FRI
PM Kindergarten:	MON	TUES	WED	THURS	FRI
<u>AM Extended Care (begins 7:30am)</u>	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Drop Off Time(s):	_____	_____	_____	_____	_____
<u>PM Extended Care (until 5:30pm)</u>	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Pick Up Time(s):	_____	_____	_____	_____	_____

A \$100.00 non-refundable registration fee (per family) plus one month's tuition will be required at the time of enrollment. A one-time \$50.00 activity fee will be charged for each additional sibling. Tuition must be paid in full by the first of each month. For your convenience, yearly tuition is divided into 10 monthly payments. The fee for extended hours is based on a 10-month commitment.

I give Child Steps permission to take photos of my child for use in school scrapbooks, emails, projects and marketing activities.

I do not want my child's photo taken.

I have read the above information and agree to the terms.

Parent/Guardian Signature _____

Print Name _____ Date _____