

FIRST STEPS PRESCHOOL REGISTRATION FORM



Today's Date: _____

Child's D.O.B.: _____

Child's Name: _____
Last
First
Middle
(Nickname)

Parent's Name (s): _____

Address: _____
Street
City
Zip Code

Telephone: _____ Previously Enrolled? Yes No

Email: _____

ADMISSION POLICY: The number of participants is limited, so enrollment is based on a first-come, first-served basis. There is a \$55.00 non-refundable registration fee for each child. A child must be 3 (three) years of age by September 1, 2019, to enroll in a 3-year old class, and 4 (four) years of age by September 1, 2019 to enroll in a 4-year old class.

The registration fee must accompany this form to confirm enrollment in an assigned class.

CLASS DESIRED: PLEASE INDICATE A 1ST, 2ND AND 3RD CHOICE

3-YEAR OLDS

- Mon/Wed/Fri 9:00-11:30 A.M.
- Tues/Thurs 9:00-11:30 A.M.
- Tues/Thurs 12:45-3:15 P.M.

4-YEAR OLDS

- Mon/Wed/Fri 9:00-11:30 A.M.
- Mon/Wed/Fri 12:45-3:15 P.M.
- Mon/Tues/Wed/Thurs 12:45-3:15 P.M.

FOR OFFICE USE ONLY:



Reg. fee paid by: Cash _____ Check _____ (Check # _____)

Date Payment Received: _____

Enrollment confirmed in: TTH am ____ (3's) MWF am ____ (4's) MWF am ____ (3's)
TTH pm ____ (3's) MWF pm ____ (4's) MTWT pm ____ (4's)

Wait List Number: 3-year old _____ 4-year old _____

Date child enrolled in program: _____