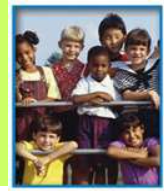


GIANT STEP PRESCHOOL AND CHILD CARE CENTER



"We take learning a step farther..."

Enrollment Application

CHILD'S REGISTRATION DATE _____

CHILD'S FULL NAME _____ M/F

(LAST) (FIRST) (INITIAL)

DATE OF BIRTH ____ / ____ / ____

PHYSICAL ADDRESS _____

CITY/STATE/ZIP _____ PHONE# _____

CHILD'S DOCTOR _____ PHONE _____ HOSPITAL _____

CHILD'S DENTIST _____ PHONE _____

ENROLLING PARENT/GUARDIAN NAME _____

DOB _____ (LAST NAME) (FIRST NAME) (INITIAL)

RELATIONSHIP TO CHILD _____

ADDRESS _____ CITY/STATE/ZIP _____

EMAIL ADDRESS _____ HOME# _____ CELL# _____

EMPLOYER _____ WORK PHONE# _____ EXTENSION# _____

ADDRESS _____ CITY/STATE/ZIP _____ WORK HOURS _____

PARENT/GUARDIAN NAME _____

DOB _____ (LAST NAME) (FIRST NAME) (INITIAL)

RELATIONSHIP TO CHILD _____

ADDRESS _____ CITY/STATE/ZIP _____

EMAIL ADDRESS _____ HOME# _____ CELL# _____

EMPLOYER _____ WORK PHONE# _____ EXTENSION# _____

ADDRESS _____ CITY/STATE/ZIP _____ WORK HOURS _____

PRIMARY RESIDENCE BOTH MOTHER FATHER GUARDIAN

IF DIVORCED, WHO HAS LEGAL CUSTODY? _____

****NAME(S) OF PERSON(S) TO WHOM CHILD MAY NOT BE RELEASED:

Enrollment Application

Continued 2/2

CHILD'S NAME _____

MAY THE NON-CUSTODIAL PARENT PICK UP THE CHILD? YES NO

GIANT STEP MUST BE PROVIDED WITH COURT ISSUED CUSTODY PAPERS THAT CLEARLY DESCRIBE THE CUSTODY ARRANGEMENTS.

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY, WHEN PARENTS CANNOT BE REACHED: DOB is used for sign in/out codes

NAME _____ DOB _____

HOME PHONE: _____ CELL _____

ADDRESS: _____ WORK NUMBER _____

NAME, ADDRESS, & TELEPHONE NUMBER OF AUTHORIZED PERSON(S), OTHER THAN PARENT, WHOM CHILD CAN BE RELEASED

TO: Must be 18 years of age.

NAME _____ DOB _____

ADDRESS _____ PHONE _____

NAME _____ DOB _____

ADDRESS _____ PHONE _____

NAME _____ DOB _____

ADDRESS _____ PHONE _____

NAME _____ DOB _____

ADDRESS _____ PHONE _____

GIANT STEP IS OPEN FROM __6:30__AM TO __5:30__PM FOR CHILDREN AGES 2-12.

DAYS MY CHILD WILL ATTEND M T W TH F

I AGREE TO PAY AN ENROLLMENT FEE OF _\$25.00_ AT THE TIME OF ENROLLMENT TO BE RENEWED EACH AUGUST/SEPTEMBER. THIS ENROLLMENT FEE IS NON-REFUNDABLE.

I AGREE TO PAY IN ADVANCE EACH WEEK'S/MONTH'S TUITION, if applicable.

I AM AWARE THAT I WILL BE CHARGED A FEE FOR PAYMENTS RECEIVED AFTER MONDAY.

I HAVE RECEIVED MY PARENT HANDBOOK, CONTAINING ADDITIONAL POLICIES AND PROCEDURES.

DROP-IN CARE MAY NOT BE GUARANTEED AVAILABILITY. PLEASE CALL AHEAD.

PARENT OR GUARDIAN NAME (PLEASE PRINT) _____

PARENT OR GUARDIAN SIGNATURE _____ DATE _____

How did you hear about us?

Referred Drive by