

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 _____ ADDRESS _____ PHONE _____

CHILD'S DENTIST _____ ADDRESS _____ PHONE _____

CHILD'S HOSPITAL _____ ADDRESS _____ 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? _____

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.

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

Enrollment Application
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CHILD'S NAME _____

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, TO WHOM CHILD CAN BE RE-LEASED: **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

I AGREE TO PAY AN ENROLLMENT FEE OF \$25.00 AT THE TIME OF ENROLLMENT; TO BE RENEWED AUTOMATICALLY EACH AUGUST/SEPTEMBER FOR THE NEXT SCHOOL YEAR. 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 \$5.00 LATE FEE FOR NON-PAYMENT, ADDED TO NEXT MONTHS BILL. PAYMENTS ARE DUE BY THE THIRD WEEK (21ST DAY) AFTER RECEIVING MY BILL.

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