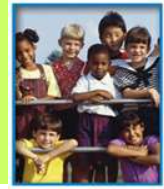


GIANT STEP PRESCHOOL AND CHILD CARE CENTER



"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 _____

(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 _____

(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 _____

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

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:

NAME _____

HOME PHONE: _____ CELL _____

ADDRESS: _____ WORK NUMBER _____

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

TO: Must be 18 years of age.

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

GIANT STEP IS OPEN FROM _____ AM TO _____ PM FOR CHILDREN AGES 2-12.

DAYS MY CHILD WILL ATTEND M T W TH F

I AGREE TO PAY AN ENROLLMENT FEE OF _____ 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.

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

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

DROP-IN CARE MAY NOT BE GUARANTEED AVAILABILITY

I UNDERSTAND THAT NO FOOD MAY BE BROUGHT INTO THE BUILDING BY CHILDREN BECAUSE OF FOOD ALLERGY RESTRICTIONS. LUNCH BOXES MUST REMAIN IN BACK PACKS AFTER SCHOOL.

PARENT OR GUARDIAN NAME (PLEASE PRINT) _____

PARENT OR GUARDIAN SIGNATURE _____ DATE _____

How did you hear about us?

Referred Drive by