

STEPPING STONES CHILDREN'S CENTER ENROLLMENT APPLICATION

INFORMATION ON CHILD(REN):

Full Name: _____ Birthdate: _____

Full Name: _____ Birthdate: _____

Full Name: _____ Birthdate: _____

REQUESTED STARTING DATE: _____

Please indicate care needed:

DAYS

___ Monday
___ Tuesday
___ Wednesday
___ Thursday
___ Friday

HOURS

_____ to _____
_____ to _____
_____ to _____
_____ to _____
_____ to _____

INFORMATION ON PARENTS/GUARDIANS:

Family Name _____ Mother _____ Father _____

Address _____ City _____ Zip _____

Phone _____ Who is child(ren)'s legal guardian? _____

Mother's Employer _____ Work Hours _____
Employer's Address _____ SS Number _____ - _____ - _____

Father's Employer _____ Work Hours _____
Employer's Address _____ SS Number _____ - _____ - _____

Method of Payment: Private Pay ___ Employer Voucher ___ County Assistance ___

There is a \$50 non-refundable registration fee payable at the time of application. This fee is to help defray the cost of insurance for the child(ren), processing of the application and filling out necessary forms to comply with state licensing regulations.

FOR OFFICE USE ONLY

Date Application Received _____ Date to Start School _____

Registration Fee Paid (Date) _____ Check Number _____ Cash ___ Credit Card ___

Tuition Amount _____

Rooms Assigned to: ___ Sunshine ___ Caterpillar ___ Butterfly ___ Jr Pre ___ Sr Pre ___ School Program

Additional Notes: _____