



<b>For Office Use Only</b>
Start Date _____
Class _____
M T W Th
Reg _____ Sup _____
May _____ Pay _____

# Registration Form 2023-2024

**Please complete entire form and return with Registration, Supply fee and May 2024 tuition**

Toddler – 2 or 4 days; 2 year – 2, 3 or 4 days; 3, 4 years – 3 or 4 days; Transition – 4 days

**Child's Full Name** \_\_\_\_\_ **Nickname** \_\_\_\_\_

**Days requested (please circle):** Mon/Wed    Tues/Thurs    Tues/Wed/Thurs    Monday thru Thursday

**(We will call you as soon as possible if we are not able to accommodate your request)**

Age as of 09/01/2023 \_\_\_\_\_ Birthday \_\_\_\_\_ Sex (Circle One) Male    Female

Mailing Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

**Father's Name** \_\_\_\_\_ Cell # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Employer \_\_\_\_\_ E-Mail \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Cell # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Employer \_\_\_\_\_ E-Mail \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Subdivision \_\_\_\_\_

**Names & Ages of Siblings**

Name: \_\_\_\_\_ Age \_\_\_\_\_ Name: \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Name: \_\_\_\_\_ Age \_\_\_\_\_

**Please list below persons allowed to pick up your child (Other than Mother and Father).**

Name	Phone #

I understand that this child will **NOT** be released from First Steps Preschool to anyone except the persons named above. Names can be added or deleted at any time. This change must be given to the First Steps Preschool office or child's teacher **IN WRITING**.

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

*(Continue on back)*