



# Registration Form 2024-2025

**Please complete entire form and return with:  
Registration Fee, Supply fee, and May 2025 tuition**

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

**Please Print Legibly**

Toddler – 2, 3, 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 09/01/2024 \_\_\_\_\_ 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)*