

Allergies/Health Conditions:			Place Your Child's Photo Here	
Child Information				
Child's Name	Birthdate:			
Nickname	Gender:	Μ	F	
Address				
Home PhoneEmail A				
Previous Schooling?				
Any Records/ Reports from Previous School?				
Additional Information				
1. Parent/Guardian Name Parent/Guardian Address (if different from above)	·			
Employer Name and Address				
Work #Cell# Work Email:				
2. Parent /Guardian Name Parent/Guardian Address (if different from above) Employer Name and Address	Relationship T	o Child_		
Work #Cell#	¥			
Work Email:				
Which email address(s) would you prefer for FS corr				

Child Lives With: (please circle): Mother Father. Stepmother, Stepfather Other _____ Other siblings in child's family and birthdates:_____ Siblings who have attended First Step Preschool: _____ Program Class Selection: (Please circle)

Two Day 2's (Monday and Wednesday 9:15 am -12:15pm)

Three Day 3's (Monday, Wednesday, and Thursday 9:15am – 1 pm)

Four Day 4's (Monday through Thursday 9:15 am – 1 pm)

First Step Preschool admits students of any race, color, religious background, national or ethnic origin. We do not discriminate on the basis of race, color, religious background, national or ethnic origin in administration of its educational policies or admission policies and other school administered programs. Children will not be accepted without complete immunizations in accordance with the State of Connecticut.

A non-refundable application fee of \$100 and a deposit of one month tuition payable to **First Step Preschool**, must accompany this application for September –June session. A material fee of \$175 is due in Aug. Tuition deposit and materials fee will be returned in full if placement is not guaranteed.

I hereby apply for a place for my child at First Step Preschool.

Parents/Guardians' Signature		Date:		
Office Use Only: Date Application Received://	/			
Date Deposit Received:// of Person Receiving Application:	Check #:	Amount	Initials	