



Enrollment Application

Allergies/Health Conditions:

Place Your
Child's Photo
Here

Child Information

Child's Name _____ Birthdate: _____
Nickname _____ Gender: M F
Address _____ City&Zip _____
Home Phone _____ Email Address _____
Previous Schooling? _____
Any Records/ Reports from Previous School? _____
Additional Information _____

Parent/Guardian/Family Information

1. Parent/Guardian Name _____ Relationship To Child _____
Parent/Guardian Address (if different from above) _____
Employer Name and Address _____
Work # _____ Cell# _____
Work Email: _____

2. Parent /Guardian Name _____ Relationship To Child _____
Parent/Guardian Address (if different from above) _____
Employer Name and Address _____
Work # _____ Cell# _____
Work Email: _____

Which email address(s) would you prefer for FS communication? _____

Parental Status (please circle): Married, Divorced, Single, Other _____
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 – 1:00 pm)

Four Day 4's (Monday through Thursday 9:15 am – 1:00 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 \$100 and materials fee of \$150 (total \$200.00) payable to First Step, must accompany this application for September -June session. Application and materials fee will be returned in full if placement is not guaranteed.

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

Parents/Guardians' Signature _____ Date: _____

Office Use Only:

Date Application Received: ____/____/____

Date Deposit Received: ____/____/____ Check #: _____ Amount _____

Initials of Person Receiving Application: _____