



Stepping Stones at Spring Road
3 & 4 year old classes
"An Outreach Ministry of Spring Road Christian Church"

Student Registration
Stepping Stones at Spring Road
Deadline for registration, May 18, 2007

Please indicate which class you are interested in enrolling your child

- _____ 3 day (Tues-Thurs) 3 year old Program
 _____ 5 day 4 year old program

Child's Name _____	Name Child Goes By: _____
DOB _____	SSN _____
Address _____	City _____
State _____	Zip _____

Father's Full Name _____	
DOB _____	Email _____
Address (if different from child's) _____	
City _____	State _____ Zip _____
Place of Employment _____	
Work # _____	Cell # _____
Marital Status (circle one) married—single—divorced	

Mother's Full Name _____	
DOB _____	Email _____
Address (if different from child's) _____	
City _____	State _____ Zip _____
Place of Employment _____	
Work # _____	Cell # _____
Marital Status (circle one) married—single—divorced	

Who does the child primarily reside with _____

Emergency Contacts:

Name _____	Phone: _____	Relationship: _____
Name _____	Phone: _____	Relationship: _____
Name _____	Phone: _____	Relationship: _____

For security purposes, only authorized persons may pick-up your child at the end of the school day. Please provide us with information on those persons you authorize to pick your child up from school.

Name _____	Phone: _____	Relationship: _____
Name _____	Phone: _____	Relationship: _____
Name _____	Phone: _____	Relationship: _____
Name _____	Phone: _____	Relationship: _____

Church Home: _____

Please Mark all appropriate areas:

- First time in preschool
 Currently attending another preschool/daycare
Name of current preschool/daycare _____
 Siblings enrolled (enrolling) in this program
Name of siblings _____

Does your child...

- Have any special fears?
If yes, please explain _____
 Have any problems with hearing or vision?
If yes, please explain _____
 Have any health problems that we should be aware of?
If yes, please explain _____
 Have any allergies (including food allergies)?
If yes, please explain _____
 Take regular medications?
If yes, please explain _____

If you were referred by someone else to our school, please share their name with us

Does your child have any special circumstances that the school staff should know about to better provide for their needs (i.e. academic problems/exceptionalities, dietary constraints, physical ailments or needs, social or emotional issues, home life issues, etc.)? If so, please share them with us, and know this will be in confidence.

Acceptance will be based upon the number of vacancies in the class for which application is made. All applications must accompany a non-refundable \$50 registration fee in order for an application to be considered complete. Upon acceptance, an enrollment contract will be signed between the Director and parents. Enrollment will be complete when the contract is signed, Photo Release form, Immunization records, and a copy of the Birth Certificate are on file in the Director's office. First month's tuition and annual Activity/Supply Fee are due no later than July 1, 2007.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Office Use Only:

Registration Fee Paid \$ _____ Check # _____

Date Accepted: _____