



Elizabeth DePasquale, Owner & Program Director
Aby Halal, Infant-Toddler Center Director
Main Office & Infant – Toddler Center - 13 Bates Rd, Watertown, MA 02472
Preschool – 226 Mt Auburn St
617-926-1434 (PH) 617-926-0085 (F)
elizabeth@stepcare.net www.stepcare.net aby@stepcare.net

Application for Infant & Toddler Enrollment

Child's Name: _____
Date of Birth: _____ Sex: _____ Age at Desired Enrollment: _____
Address: _____
Parent's Name: _____ Occupation: _____
Phone (home): _____ (work): _____ (cell): _____
Parent's Name: _____ Occupation: _____
Phone (home): _____ (work): _____ (cell): _____
Email: _____
2nd Email _____

Circle one: I do want – do not want to be put on the family contact list for play dates, etc.

With whom does the child reside? _____
Person responsible for tuition? _____

How did you hear about us? Family referral (name): _____
Web search _____ Advertisement _____ Other: _____

Please indicate the enrollment options you would like for your child:

INFANT PROGRAM IS A 5-DAY ONLY PROGRAM – please choose a pick up time!

	<u>Pick-up (3:00)</u>	<u>Pick-up (5:30)</u>	<u>Desired Days</u>
Infant OR Toddler Option 5-day	_____	_____	
Toddler Option (15 mos & up) 3-day	_____	_____	M T W TH F
Toddler Option (15 mos & up) 2-day	_____	_____	M T W TH F

Early Drop-off ~ 7:30 1-day__2-day__3-day__4-day__5-day__ M T W TH F (includes breakfast)

Extended Day ~ 3:00 – 5:30 1-day__2-day__3-day__4-day__5-day__ M T W TH F

Program Option ~ Full-year ____ 10-month (ends in June) ____ Summer (July/August)____

Desired Start Date: _____

When considering enrollment, after visiting the center, parents may fill out and return this application for enrollment with a **\$50.00 non-refundable registration fee**. If a space is available an invoice for a non-refundable security deposit will be issued and due within two weeks to secure your space. If a space is not available your family will be placed on our waitlist and notified if and when one becomes available. Families will remain on our waitlist for one year.

Parent/Guardian Signature: _____ Date: _____