

## Elizabeth DePasquale, Owner & Program Director Maggie Bartlett, Preschool Director

Main Office & Infant – Toddler Center - 13 Bates Rd, Watertown, MA 02472

Preschool – 226 Mt Auburn St

Main office - 617-926-1434 (PH) elizabeth@stepcare.net 617-926-0085 (F) www.stepcare.net Preschool Direct – 617-744-5447 (PH)

maggie@stepcare.net

## Application for Preschool/Pre-K Enrollment

Child's Name:			
		Age at Desired Enrollment:	_
Address:			_
Parent's Name:		Occupation:	
Phone (home):	(work):	(cell):	
Parent's Name:		Occupation:	
Phone (home):	(work):	(cell):	
Email:			
2 <sup>nd</sup> Email	- do not want to be put on t	the family contact list for play dates, etc.	
With whom does the ch	nild reside? J	Person responsible for tuition?	
Web search Adver Please indicate the enterpolar PRESCH Number of Days Pick 5-day 3-day 2-day 2-day	rtisement Other: rollment options you wou (OOL/PRE-K OPTIONS -up (3:00) Pick-up (5:30)	Desired Days  M T W TH F  M T W TH F	
Early Drop-off ~ 7:30	1 1-day2-day3-day4	4-day5-day M T W TH F (includes break	cfast)
PART TIME PRESC: 5-day  Program Option ~ Full  Desired Start Date: When considering enrolle enrollment with a \$50.00 refundable security depose	HOOL/PRE-K OPTION  3-day M T W  1-year 10-month (end  ment, after visiting the center  non-refundable registration  sit will be issued and due with  ill be placed on our waitlist	day4-day5-day M T W TH F  S 8:30 a.m. – 12:30 p.m.  TH F 2-day M T W TH  and s in June) Summer (July/August)  er, parents may fill out and return this application for fee. If a space is available an invoice for a rethin two weeks to secure your space. If a space is a tand notified if and when one becomes available	n for non-
Parent/Guardian Signat	·	Date:	