

## **REGISTRATION AND ENROLLMENT FORM**

## ACADEMIC YEAR 2024-2025:

2-DAY 3-I	DAY	5-DAY			
2-Day, Tuesday/Thursday 3-Day, Monday/Wednesa 5-Day, Monday – Friday 8	8:30am to 1: ay/Friday 8:3	– 1am - \$2,000 (children mu 10 to 12pm - \$3,250 (child	ren must be 3.9 by Se	ept. 1 to 5 years old)	
*EXTENDED DAY2-Day Extended Day, fron				=	
CHILD INFORMATIO	N:				
Legal Name of Child _		Child's Preferred Name			
Date of Birth		Place of Birth		Primary Language	
Address:			Zip	Phone	
Eye Color:	Sex:	Height	Weight:	Skin Color:	
Identifying Marks			Allergies:		
Physician			Phone		
Physician Address					
Name and Relationshi	p of others	living in household			
PARENT/GUARDIAN	INFORMA	TION:			
Parent/Guardian Nam	e			Relationship	
Address				Zip	
Cell Phone		Email Add	ress		
Work Name		Wor	k Address		
Work Phone		Ho	urs at Work		

Parent/Guardian Name	Relationship	_
Address	Zip	_
Cell Phone	Email Address	_
Work Name	Work Address	_
Work Phone	Hours at Work	_
IF PARENTS CANNOT BE CONTACT	ED, NOTIFY AND RELEASE TO	
Name	Relationship to Child	_
Address	Cell Phone	
Name	Relationship to Child	_
Address	Cell Phone	
If emerge	ncy contact is unknown to staff a photo ID will be required	
	I, \$50 of which is credited to the first month's tuition. will run from January 16 – February 2, 2024. The registration fee is \$100 per child,	,
to pay in full prior to September 30,	fee divided, for your convenience, into 10 monthly payments. For those wishing 2024, a 5% discount will be applied. Tuition is due the first of each month s are non-refundable and non-transferable.	
Stepping Stones follows all current E	EC, Danvers Health Department, and CDC guidelines regarding COVID	
Parent/Guardian Signature	Date	-