A Child's First Steps Preschool

Contact: Tiffany Lindsay Cell:253-736-5240

Email: achildsfirststepspreschool@gmail.com Website: achildsfirststepspreschool.com

Registration Fee (Non-Refundable): $170

Monthly/Class Tuition: (Circle One)
2's Class T/Th. $215.00 a month
3's Class T/Thur. $230.00 a month
4's Class M/W/F $270.00 a month
4's Extension Class 5 Class Days $330.00 a month

Indicate Class Time Preferred:

a.m. (9:00-11:30)
p.m. (12:15-2:45)

Please complete Front and Back of Form

Name of Child_____
Last First

Birthday_____Male_____Female_____

Address_____
House/Apt. # Street City Zip

Name of Parent/Guardian_____Employer_____

Wk Phone _____ Cell Phone _____

Name of Parent/Guardian_____Employer_____

Wk Phone _____ Cell Phone_____

Person(s) authorized to pick your child up from school

1. _____2._____
Name Phone number Name Phone number

Emergency Contact Information

_____
Name Relationship Phone number

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Medical Information

Name of Primary Physician_____ Phone Number_____

Completed Tetanus Series (DPT)? Yes No Date of Tetanus_____

Does the child have any chronic diseases? Yes No
If Yes, please list and explain _____

_____

Does the child have any food and/or drug allergies? Yes No

If Yes, please list and explain _____

_____

Permission for Emergency Medical Treatment

I, _____ authorize A Child's First Steps to seek

Medical treatment for my child,_____, in the event of

an emergency and/or in the case a parent/guardian cannot be reached.

Siblings/Name(s) and their ages

_____

Email_____

Signed_____Date_____
Parent or Legal Guardian

For Office Use Only

Class AM or PM _____ Paid Registration _____

Tuition _____ Date Registration Received _____