

A Child's First Steps Preschool

Contact: Terrie Gehlsen

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Web Site: achildsfirstpreschool.com

Registration Fee: \$160.00

(NON REFUNDABLE)

FOR OFFICE USE ONLY

CLASS A.M. or P.M. _____

PAID REGISTRATION _____

TUITION _____

DATE REGISTRATION RECEIVED _____

Monthly/Class Tuition: (Circle One)

2's Class T/Th. \$210.00 a month

3's Class T/Thur. \$225.00 a month

4's Class M/W/F \$265.00 a month

4's **Extension Class** 5 Class Days \$325.00 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

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 _____

_____ Do
es 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

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