

Step By Step Learning Center

Enrollment Form

Date _____ Start Date _____

Child's Name _____ DOB: _____

Address _____

Days of Care _____ Time: _____ (Be Specific)

Contact Information

Mom's Name & SSN _____

Mom's Email _____

Dad's Name and SSN _____

Dad's Email _____

Mom's Cell Number _____

Mom's Home Number _____

Mom's Work Number _____

Dad's Cell Number _____

Dad's Home Number _____

Dad's Work Number _____

Emergency Contact Person _____

Contact's Number _____

Emergency Contact Person _____

Contact's Number _____

Please List ALL emergency people who are able to pick up your child (You may write in the back)

1) Name & Number _____ Relationship _____

2) Name & Number _____ Relationship _____

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Family Information Sheet

Mother's Information

Father's Information

Full Name: _____

SSN: _____

DOB: _____

Address: _____

City, State, Zip: _____

Cell Number: _____

Home Number: _____

Employer: _____

Employer

Phone: _____

Email: _____

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Are there any food restrictions or allergies that we need to be aware of?

What is your child's favorite food?

Can your child be relied upon to indicate bathroom wishes? _____

Does your child have any security objects such as a blanket, soother, bottle, toy etc.?

Does your child have any behavioral issues that we need to be aware of?

What do you do at home?

Is there any other information that you would like to share regarding your child?

Does your child have an IFSP or an IEP? Yes or No

If yes, can you please provide us with a copy so we can work together to meet the needs of your child?

Parent Signature

Date

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Handbook Acknowledgement

This agreement and the Parent handbook wholly state the obligations of the Provider; there are no other implied obligations. Any amendments to this agreement must be in writing and signed by both parties.

Director

Date

Both parents must sign or Parent/Guardian with sole custody of the child

Parent/Guardian

Date

Parent/Guardian

Date