

# GIANT STEP PRESCHOOL AND CHILD CARE CENTER



**"We take learning a step farther...."**

## Enrollment Application

CHILD'S REGISTRATION DATE \_\_\_\_\_

CHILD'S FULL NAME \_\_\_\_\_ M/F  
(LAST) (FIRST) (INITIAL)

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ PHONE# \_\_\_\_\_

CHILD'S DOCTOR \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CHILD'S DENTIST \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CHILD'S HOSPITAL \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

If you do not have medical/dental insurance, please let us know, we can offer referrals to resources that are available.

Please check out our Parent information center located in the center's front entrance.

ENROLLING PARENT/GUARDIAN NAME \_\_\_\_\_

DOB \_\_\_\_\_ (LAST NAME) (FIRST NAME) (INITIAL)

RELATIONSHIP TO CHILD \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ HOME# \_\_\_\_\_ CELL# \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK PHONE# \_\_\_\_\_ EXTENSION# \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/Zip \_\_\_\_\_ WORK HOURS \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

DOB \_\_\_\_\_ (LAST NAME) (FIRST NAME) (INITIAL)

RELATIONSHIP TO CHILD \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ HOME# \_\_\_\_\_ CELL# \_\_\_\_\_

EMPLOYER \_\_\_\_\_ WORK PHONE# \_\_\_\_\_ EXTENSION# \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_ WORK HOURS \_\_\_\_\_

PRIMARY RESIDENCE BOTH MOTHER FATHER GUARDIAN

IF DIVORCED, WHO HAS LEGAL CUSTODY? \_\_\_\_\_

MAY THE NON-CUSTODIAL PARENT PICK UP THE CHILD? YES NO

GIANT STEP MUST BE PROVIDED WITH COURT ISSUED CUSTODY PAPERS THAT CLEARLY DESCRIBE THE CUSTODY ARRANGEMENTS. \_\_\_\_\_

\*\*\*\*NAME(S) OF PERSON(S) TO WHOM CHILD **MAY NOT** BE RELEASED TO: \_\_\_\_\_

**Enrollment Application**  
Continued 2/2

CHILD'S NAME

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY, WHEN PARENTS CANNOT BE REACHED: DOB is used for sign in/out codes.

NAME \_\_\_\_\_ DOB \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL \_\_\_\_\_

ADDRESS: \_\_\_\_\_ WORK NUMBER \_\_\_\_\_

NAME, ADDRESS, & TELEPHONE NUMBER OF AUTHORIZED PERSON(S), OTHER THAN PARENT, TO WHOM CHILD CAN BE

RELEASED: **Must be 18 years of age.**

NAME \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

GIANT STEP IS OPEN FROM   6:30  AM TO   5:30  PM FOR CHILDREN AGES 2-12.

DAYS MY CHILD WILL ATTEND   M   T   W   TH

**I AGREE TO PAY AN ENROLLMENT FEE OF \$30.00 AT THE TIME OF ENROLLMENT; TO BE RENEWED AUTOMATICALLY EACH AUGUST/SEPTEMBER FOR THE NEXT SCHOOL YEAR. THIS ENROLLMENT FEE IS NON-REFUNDABLE.**

I AGREE TO PAY IN ADVANCE EACH WEEK'S/MONTH'S TUITION, if applicable.

I AM AWARE THAT I WILL BE CHARGED A \$5.00 LATE FEE FOR NON-PAYMENT, ADDED TO NEXT MONTHS BILL. PAYMENTS ARE DUE BY THE THIRD WEEK (21ST DAY) AFTER RECEIVING MY BILL.

I HAVE RECEIVED MY PARENT HANDBOOK, CONTAINING POLICIES AND PROCEDURES.

DROP-IN CARE MAY NOT BE GUARANTEED AVAILABILITY. PLEASE CALL AHEAD.

PARENT OR GUARDIAN NAME (PLEASE PRINT)

PARENT OR GUARDIAN SIGNATURE

DATE

How did you hear about us?

Referred    Drive by