

Little Steps of Faith Preschool
Registration and Enrollment Information Form

Date: ___/___/_____

Desire Starting Date _____

Childs Name: _____ Age _____

Date of Birth ___/___/_____ Place of Birth: _____

Health Problems or Allergies: _____

Marital Status: Single Married Separated Divorced Widowed

Mothers Name _____

Address _____ City _____ Zip _____

Phone (home) _____ (work) _____ (cell) _____

Occupation/Employer _____ Email _____

Fathers Name _____

Address _____ City _____ Zip _____

Phone (home) _____ (work) _____ (cell) _____

Occupation/Employer _____ Email _____

Sibling _____ Date of Birth ___-___-___

_____ Date of Birth ___-___-___

Child lives with: (circle one) Mother Father Both

Comments _____

Please Check session desired:

Toddler Care Half Day Program 8:00 a.m. - 12:30 p.m.

__Monday – Friday _____Monday - Thursday

__Monday/Wednesday/Friday _____Tuesday &Thursday

Toddler Care and Full Day Childcare Program 6:30 a.m. - 6:00 pm

___Monday – Friday _____Monday - Thursday

___Monday/Wednesday/Friday _____Tuesday &Thursday

To whom would you like the mailings sent? Mother Father Other

To whom would you like tuition billing sent? Mother Father Other

How did you hear about our school?

Parent/ Guarding Signature _____ Date ___/___/_____