



**"BABY STEPS" REGISTRATION FORM**

**(1 YEAR OLD'S)**

Name of Child: \_\_\_\_\_ School Year: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name of Parents (Mother) : \_\_\_\_\_ Cell #: \_\_\_\_\_

(Father) : \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Has child attended any other pre-school? (if so, where?): \_\_\_\_\_

Recommended by: \_\_\_\_\_

Number of days per week: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_

Session Preferred: Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Full Day \_\_\_\_\_

**REGISTRATON FEES:**

Pre-School: New Registration: \$100.00 Re-registration: \$50.00

Tuition is payable at the **beginning** of each week or month.

**Registration fees are non-refundable.**

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date