



# First Step PreSchool, Inc.

**Infantcare**



**Childcare**



**Preschool**



**Before/After School**

## Student Enrollment Packet

ENROLLMENT INFORMATION



# First Step PreSchool, Inc.

**Infantcare** + **Childcare** + **Preschool** + **Before/After School**

Enrollment Date: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's D.O.B: \_\_\_\_\_

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

Parent #1 Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employer Name/Address/Phone: \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Employer Name/Address/Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_

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

Family Dentist: \_\_\_\_\_

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

Parent #1 Insurance Company: \_\_\_\_\_

Parent #2 Insurance Company: \_\_\_\_\_

Relative or Friend authorized to pick up your child in an emergency medical situation (other than you):

Name: \_\_\_\_\_

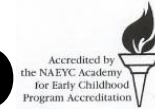
Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Does your child have any allergies? (Please specify):

Additional information of which school personnel should be aware?:

EMERGENCY FORM



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Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

First Step PreSchool, Inc., has my permission to make whatever emergency decisions deemed necessary for the protection and care of my child while attending the Pre-School/Childcare Center. This would include emergency evacuation due to fire, weather, first aid, etc.

First Step Preschool, Inc., has my permission to transport my child to the appropriate medical facility if a medical emergency should arise. The transportation might be by ambulance, police or rescue squad. The parent's insurance will be responsible for the cost of transporting the child to a medical facility.

Every effort will be made to contact the parents and/or the emergency contact. Please make sure one of your emergency contacts is available at all times.

**PARENTS**

1. \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
2. \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**PERSONS AUTHORIZED TO PICK UP YOUR CHILD IN CASE OF AN EMERGENCY**

1. \_\_\_\_\_ Phone: \_\_\_\_\_  
2. \_\_\_\_\_ Phone: \_\_\_\_\_  
3. \_\_\_\_\_ Phone: \_\_\_\_\_

**PERSONS UNAUTHORIZED TO PICK UP YOUR CHILD AT ANY TIME**

1. \_\_\_\_\_ Phone: \_\_\_\_\_  
2. \_\_\_\_\_ Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

EMERGENCY MEDICAL FORM



# First Step PreSchool, Inc.

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Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

I hereby give the staff of First Step PreSchool, Inc. permission to administer first aid in case of illness or accident to my child.

I also give First Step PreSchool, Inc. permission to utilize the services of Wester CT Medical Group and/or Danbury Hospital in the event of an emergency requiring immediate medical attention for my child.

The staff has my permission to transport my child for medical treatment whether it is by staff car, police car, ambulance, etc. The child will be transported at the expense of the Parent/Guardian's insurance.

ANY OTHER IMPORTANT INFORMATION

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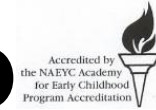
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Date: \_\_\_\_\_ Signature (Parent/Guardian): \_\_\_\_\_

FIELD TRIP PERMISSION SLIP



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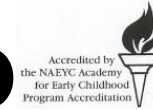
**Before/After School**

Child's Name: \_\_\_\_\_ Sept. 1 \_\_\_\_\_ to Sept. 1 \_\_\_\_\_

\_\_\_\_\_ has my permission to participate in any trip planned by First Step PreSchool, Inc. during the school year. I will be given prior notice of all trips and I understand that the children may be transported by either car, bus, train or by foot. I am aware of any hazards involved.

Date: \_\_\_\_\_ Signature (Parent/Guardian): \_\_\_\_\_

PHOTO RELEASE PERMISSION SLIP



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**Before/After School**

Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

From time to time, First Step PreSchool, Inc. will be photographing your child. Your child's photo may appear in the Citizen News or Danbury News-Times or another local paper. I give First Step PreSchool, Inc. permission to take these photos and print them in the newspaper.

Date: \_\_\_\_\_ Signature (Parent/Guardian): \_\_\_\_\_

**OR:**

I do not give First Step Preschool permission to photograph my child.

Date: \_\_\_\_\_ Signature (Parent/Guardian): \_\_\_\_\_

TUITION RESPONSIBILITY STATEMENT



# First Step PreSchool, Inc.

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Parents/Guardians pay for the classroom spot and we have to staff our building based on the assumption that the child will be attending, therefor tuition is due whether the child attends or not.

Tuition is billed **weekly** and invoices are generated monthly. Note that some months have 5 weeks in them and payments need to reflect that.

First Step **must** have a name (or names) of a person (or persons) who will be responsible for paying tuition and their date of birth for our records. It is this person (or persons) responsibility for paying tuition in a timely manner and this person (or persons) will be contacted if tuition is not paid. **This information is kept confidential and will not be disseminated to any third party.**

\_\_\_\_\_  
Name (print neatly)

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Name (print neatly)

\_\_\_\_\_  
DOB

**Failure to pay tuition in a timely manner will result in your child being dis-enrolled and First Step Preschool reserves the right to take all legal action in our effort to collect monies.**