



6845 Shoup Road  
Black Forest, CO 80908

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## **FIRST STEP PRESCHOOL REGISTRATION**

Please complete and sign each section of the registration form:

Section I: Student Enrollment Information	2
Section II: Identification and Emergency Information	4
Section III: Background Information	6

In order to enroll, you must have the following paperwork completed and signed for the student:

- First Step Preschool Registration
- Physician's Statement of Health
- Colorado Department of Health Certificate of Immunization

## Section I: Student Enrollment Information

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ (M/F)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother or Guardian Name: \_\_\_\_\_ Address (if different than above) \_\_\_\_\_  
 \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Where Employed: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

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

Father or Guardian Name: \_\_\_\_\_ Address (if different than above) \_\_\_\_\_  
 \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Occupation: \_\_\_\_\_

Where Employed: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

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

Brothers and Sisters:

<u>Name</u>	<u>Sex</u>	<u>Age</u>
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### **Registration:**

\$65.00 non-refundable Date of enrollment: \_\_\_\_\_

**Tuition:**

- |  |                    |
|--|--------------------|
| <input type="checkbox"/> Monday –Wednesday- Friday (3-4-5 yrs. old) AM. /P.M.    | \$160.00 per month |
| <input type="checkbox"/> Tuesday –Thursday (3 yrs. old) A.M.                     | \$121.00 per month |
| <input type="checkbox"/> Tuesday –Thursday (4-5 yrs. old) A.M.                   | \$121.00 per month |
| <input type="checkbox"/> Monday-Wednesday-Friday (4-5 yrs. old) A.M.             | \$160.00 per month |
| <input type="checkbox"/> Monday through Friday (4-5 yrs. old) A.M.               | \$281.00 per month |
| <input type="checkbox"/> Lunch Special (Bring lunch)                             | \$2.50 per day     |
|  |                    |
| <input type="checkbox"/> Friday Fun (Option 1) (3-6 yrs. old) 11:30 am – 3:15 pm | \$14.50 per Friday |
| <b>OR</b>  |                    |
| <input type="checkbox"/> Friday Fun (Option 2) (3-6 yrs. old) 12:15 pm – 3:15 pm | \$12.50 per Friday |

**About Friday Fun: This is an extended care session. This is open to any preschooler enrolled at the First Step Preschool and their siblings who are age 3 and toilet trained through age 6. Kindergarten siblings are welcome to join us. Please sign-up by Wednesday of the week if possible.**

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## **Volunteer Opportunities**

First Step offers a variety of ways in which parents can be active participants in their child's learning experience and actively support our school.

- Yes, I would like more information about these opportunities to volunteer.
- Yes, I would like to be a room mother.
- Yes, I am interested in car pooling.

## **Permission to Participate in School Activities**

I give permission for my child \_\_\_\_\_ to:

1. Use all of the play equipment and participate in all of the activities of the school.
2. Leave the school premises under the supervision of a teacher for walks or field trips with the understanding that I will be informed prior to a trip.
3. Be included in evaluations and pictures connected to the school program, this could be included for possible publications, web site for school purposes.
4. Watch G rated videos under Director or teachers discretion.

First Step Preschool **will not** be responsible for anything that may happen as a result of false information given at the time of enrollment.

First Step Preschool **will not** assume responsibility for a child who has not been signed in when he/she arrives for the day.

## **Financial Agreement**

### **Please read and sign this agreement:**

I hereby agree to comply with the rules and regulations of First Step Preschool regarding fees, parking, health, Christian curriculum, and other items specified in the Parent Handbook. I hereby agree to notify the school two weeks in advance of withdrawal, should such event occur, or pay the difference. I also understand and agree that a refund cannot be given for children withdrawn from school during the period for which the services have been contracted or for absences or holidays.

Tuition is due on the 1<sup>st</sup> of each month or before the 5<sup>th</sup> of each month. I understand a \$5.00 late charge fee will be assessed for any tuition paid after the 5<sup>th</sup> of each month. Preschool child care services are contracted from the period beginning on the first day of school on August and ending on the last day on May.

I hereby agree that the information provided in this section is true and accurate to the best of my knowledge.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Section II: Identification and Emergency Information

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ M /F

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother or Guardian: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Where Employed: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Father or Guardian: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Where Employed: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

### **Family Information:**

Are parents living together? \_\_\_\_\_ Or separated: \_\_\_\_\_

Does child have a step-father or step-mother? \_\_\_\_\_

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

Special family situations: Y/N Marital Status: \_\_\_\_\_ Any specific custody situations: Y/N  
If you answered "Yes" to the questions on the above line, please describe the situation(s):

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### **PERSONS AUTHORIZED TO PICK UP CHILD:**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **PERSONS TO BE CALLED IN CASE OF EMERGENCY (be sure to include someone who will usually know your whereabouts)**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Hospital of choice: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Health History:**

Has your child had any major illness? At what age? \_\_\_\_\_

Does your child have frequent colds? \_\_\_\_\_ Ear infections? \_\_\_\_\_

Tonsillitis? \_\_\_\_\_ Stomach aches? \_\_\_\_\_ Fevers? \_\_\_\_\_

Has child had any serious accidents? (Explain) \_\_\_\_\_

Does your child have any allergies? (List) \_\_\_\_\_

Please keep the school informed if any allergies develop throughout the year.

Has child been to a dentist? \_\_\_\_\_ Had vision tested? \_\_\_\_\_ Had hearing tested? \_\_\_\_\_

**Permission to Receive Emergency Medical Care**

I give permission for the Director or teacher to take whatever steps may be necessary to obtain emergency medical care for my child if warranted. These steps include, but are not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact a parent through any of the persons listed on the emergency information form.
4. Call 911, and on Black Forest Fire and Rescue.

Any expenses incurred will be borne by the child's family.

Parents are encouraged to utilize their own private insurance plan for any medical expense. First Step Preschool carries liability insurance through Church Mutual through Black Forest Community Church.

**Please read and sign this agreement:**

I hereby agree that the information provided in this section is true and accurate to the best of my knowledge.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section III: Background Information

Please give any information concerning your child which will helpful to us in our relationship with him/her:

Play habits:

Eating behavior:

Fears:

Likes or dislikes:

Verbal expression:

Physical coordination:

In what particular ways can we help your child this year?

Has child had group play experience? (Specify):

What kinds of indoor and outdoor play activities does your child enjoy?

Is there anything unusual or that concerns you about your child's development?

Is child right or left handed or has shown preference to:

How would you describe your child's personality?

What method of behavior control (discipline) is used in your home?

What is child's usual response?

#### **Please read and sign this agreement:**

I hereby agree that the information provided in this section is true and accurate to the best of my knowledge.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_