Early Steps Learning Center
Where Every Day is a Fun Day!

REGISTRATION FORM

(Must be completed and returned prior to the child's first day of attendance)

CHILD'S NAME: _____
(LAST) (FIRST) (Middle)

Birth date: _____/_____/_____ **Enrollment Date: _____/____/____**

Form Completed on _____/_____/_____

Please check the days your child will be attending our Center

Hours	Monday	Tuesday	Wednesday	Thursday	Friday
IN (AM/PM)					
OUT (AM/PM)					

Which Elementary School does your child attend?

Name	Address Telephone Number: ( )
Teacher:	Grade:

Parents are required to review the provided information to ensure it is accurate and up to date. Please inform us as soon as possible of any changes as they transpire.

Date: _____/_____/_____ **Initials: _____/_____/_____**
Date: _____/_____/_____ **Initials: _____/_____/_____**