

# **First Steps Daycare Registration Form**

\_\_\_\_\_  
**Child's Last Name**                                      **First Name**                                      **Middle Name**

\_\_\_\_\_  
Date of Birth                                      Grade in School                                      Nickname                                      Gender

Enrollment Type:     \_\_\_\_\_ Nursery (6 weeks through 1 year old)

\_\_\_\_\_ Toddler (2 years old)

\_\_\_\_\_ Preschool (3 - 5 years old)

\_\_\_\_\_ School Age (5 - 12 years old)

\_\_\_\_\_ Before/After School     \_\_\_\_\_ Summer Break Full Time

Schedule:     \_\_\_\_\_  
Daily Drop Off Time

\_\_\_\_\_  
Daily Pick Up Time

## **Parent/Guardian Information:**

Mother's Name: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_                                      Work Phone: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_                                      Work Phone: \_\_\_\_\_

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

Special instructions for reaching parents during school hours:  
(i.e. call mother first at cell phone #, etc.)

## **Alternate Emergency Contacts (other than parent/guardian):**

Name: \_\_\_\_\_                                      Address: \_\_\_\_\_                                      Phone#: \_\_\_\_\_

Name: \_\_\_\_\_                                      Address: \_\_\_\_\_                                      Phone#: \_\_\_\_\_

Brother(s) and/or Sister(s) names and ages:

---

---

Does your child have any fears? \_\_\_\_\_

---

**Those Authorized to Pick Up Child:**

**Parents/guardians listed above are authorized to pick up this child.**

Please list any others who you would like to authorize for pick up. The people listed below must present photo ID in order for our staff to release this child. There are **no exceptions** to this policy.

---

| Name | Relationship | Phone# |
|------|--------------|--------|
|------|--------------|--------|

---

|      |              |        |
|------|--------------|--------|
| Name | Relationship | Phone# |
|------|--------------|--------|

---

|      |              |        |
|------|--------------|--------|
| Name | Relationship | Phone# |
|------|--------------|--------|

---

|      |              |        |
|------|--------------|--------|
| Name | Relationship | Phone# |
|------|--------------|--------|

---

|      |              |        |
|------|--------------|--------|
| Name | Relationship | Phone# |
|------|--------------|--------|

**Church your family attends:** \_\_\_\_\_

**Photo/Video Permission:**

I GIVE permission that candid photos and/or videos of my child at First Steps Daycare can be taken for daycare and/or church use. This may include placement on the daycare and/or church websites and facebook pages. I understand that if my child is identified in a photo/video, only their first name will be used.

---

Printed Name

Signature

I DO NOT GIVE permission for candid photos and/or videos of my child to be taken at First Steps Daycare.

---

Printed Name

Signature

**Parent Medical Authorization:**

I grant permission for my child to use all of the play equipment and participate in all of the activities at First Steps Daycare.

In case of an emergency, I hereby agree that the following steps will be taken to obtain emergency medical care for my child. These steps may include, but are not limited to:

1. The school will call 911 for emergency assistance.
2. The school will attempt to contact the parent/guardian through both the primary and alternate emergency contacts listed on the registration form.
3. The school may attempt to contact the child’s physician. In the event that the school cannot contact your child’s physician, we may call another physician.
4. Any expense incurred while responding to the emergency will be the responsibility of the child’s family.
5. The school is not responsible for anything that may happen as a result of false or incomplete information given at the time of enrollment.

Not all steps may be necessary in any given situation.

I hereby agree to comply with the above policies and procedures and allow for the release of medical information provided by me to the school should such an emergency occur.

---

|                     |                  |
|---------------------|------------------|
| Parent Printed Name | Parent Signature |
|---------------------|------------------|

**Other Medical Information (please complete ALL information)**

Child’s Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_

Child’s Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 (We will need a copy of the front and back of the child’s insurance card)

**Allergies/Medical Conditions:**

---



---



---

**ACKNOWLEDGEMENTS:**

I have been informed of the required Health and Safety inspections and the inspection forms are available for review. \_\_\_\_\_ (initial)

When my child is ill, I understand and agree that he/she may not be accepted for care or remain in care of the center. \_\_\_\_\_ (initial)

I do \_\_\_\_\_ do not \_\_\_\_\_ give permission for field trips/excursions. I understand I will be notified in advanced when they are planned and will sign a **Field Trip Permission Slip** for each activity. \_\_\_\_\_ (initial)

I do \_\_\_\_\_ do not \_\_\_\_\_ give permission for the facility to transport my child. \_\_\_\_\_ (initial)

I have been notified that I may request notice at initial enrollment or any time there after whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed. \_\_\_\_\_ (initial)

\_\_\_\_\_  
PARENT/GUARDIAN PRINTED NAME

\_\_\_\_\_  
PARENT/GUARDIAN SIGNED NAME

\_\_\_\_\_  
DATE

# First Steps Daycare Contract

My child \_\_\_\_\_ born on \_\_\_\_\_ will attend First Steps Daycare for the year 2018 (May - December). Enclosed is a non-refundable registration fee of \$35.

My child's weekly tuition amount is \$\_\_\_\_\_  
I understand that payment is due on the first day of the week and if it is not paid by the end of that week my child will not be able to return to the center the following Monday. You may speak to the Director if this becomes an issue.

Refunds or reductions of tuition cannot be made for illness, vacation, snow days, or holidays due to committed program expenses. Thirty (30) days notice of withdrawal must be made in writing to the Director. If this notice is not received, I understand that I will be responsible for the tuition for the months remaining on the contract.

I will provide First Steps Daycare with a copy of my child's birth certificate, physical form, and immunization record at least 1 week prior to my child's first day of attendance.

I have received a copy of the Parent Handbook. I understand that the program reserves the right to terminate services if policies and procedures are not followed.

---

Father/Guardian Printed Name

Mother/Guardian Printed Name

---

Father/Guardian Signature

Mother/Guardian Signature

---

Date

---

Director's Printed Name

Director's Signature

# **FIRST STEPS DAYCARE**

## **SUPPLY LIST**

PLEASE BRING THE FOLLOWING ITEMS WITH YOUR CHILD ON THEIR FIRST DAY OF ATTENDANCE

### INFANT ROOM (0-1 YRS)

- Clorox Wipes (3 pack)
- Kleenex (3 pack)
- Blanket (mark with name)
- A Diaper bag daily with:
  - bottles needed for each day
  - diapers needed for each day
  - wipes needed for each day
  - baby wash and shampoo
  - powder and diaper rash lotion
  - extra clothes

### TODDLERS (2 YRS)

- Clorox Wipes (3 pack)
- Kleenex (3 pack)
- Crayons (64 count)
- Play Dough (4 pack)
- Package of Construction Paper
- Blanket (mark with name)
- Pillow & case (mark with name)
- Nap Mat (mark with name)
- Sippy Cup (mark with name)
- Extra set of clothes  
(put in lg ziplock bag with name)

### PRESCHOOL ROOMS (3-5 YRS)

- Clorox Wipes (3 pack)
- Kleenex (3 pack)
- Play Dough (4 pack)
- 1 pkg of pencils (non-mechanical)
- 2 glue sticks
- Colored pencils (24 count)
- Nap Mat (mark with name)
- "Dad's" old button up shirt to paint  
(mark with name)
- Markers (10 count)
- Crayons (64 count)
- Child's scissors
- Bottle of glue
- Package of Construction Paper
- Blanket (mark with name)
- Pillow with case (mark with name)