



ALLERGIES: _____

PLACE YOUR
CHILD'S PHOTO
HERE

Child's full name _____ Nickname? _____

Sex (M/F) _____ Birthdate _____ Telephone _____

Address _____ City & Zip _____

Father's name _____ Occupation _____

Employer's name and address _____

_____ Business Phone _____

Mother's name _____ Occupation _____

_____ Business Phone _____

Child lives with: Father Mother Stepfather Stepmother

Guardian/Other (specify) _____

Employer's name and address _____

_____ Business Phone _____

Please list other children in the family:

Name _____ Birthdate _____ Sex _____

Name _____ Birthdate _____ Sex _____

Name _____ Birthdate _____ Sex _____

Name _____ Birthdate _____ Sex _____

Circle any that apply: Father is deceased Mother is deceased Parents are divorced

Parents are separated Other (specify) _____

School:

Previous schooling _____

Are there any records/reports from a previous school? _____

Favorite play activities _____

Favorite Toy _____

Where/how did you hear about First Step Christian Day School? _____

Why do you want to send your child to First Step Christian Day School? _____

Behavior:

General temperament_____

Usual mode of misbehavior_____

Usual mode of discipline_____

Are there any specific behavior problems?_____

Additional comments_____

Emergency Contact Information for Parents/or Legal Guardians:

Mother : _____

Father: _____

Person to call in an emergency, other than parents/guardians, and authorized to pick up your child:

Name_____ Address_____

Phone#_____ Relationship_____

Name_____ Address_____

Phone#_____ Relationship_____

Name_____ Address_____

Phone # _____ Relationship _____

First Step Christian Day School admits students of any race, color, religious background, national or ethnic origin. We do not discriminate on the basis of race, color, religious background, national or ethnic origin in administration of its educational policies or admission policies and other school administered programs. Children will not be accepted without complete immunizations in accordance with the State of Connecticut.

I hereby apply for a place for my child at First Step Christian Day School .

Parent/Guardian Signature_____ Date:_____

A non-refundable application fee and materials fee of \$150.00 (payable to First Step) must accompany this application for September -June session. Application and materials fee will be returned in full if placement is not guaranteed.

Please circle the program you are registering for:

2's AND PRESCHOOL PROGRAM: (SEPTEMBER – JUNE)

TWO DAY TWO'S (MON/WED)

THREE DAY THREE'S (MON/WED/FRI)

FOUR DAY FOUR'S (MON/TUES/WED/THURS)

FIVE DAY FOUR'S (MON/TUES/WED/THURS/FRI)

BREAKFAST AND LUNCH BUNCH: (AVAILABLE MID- SEPTEMBER – JUNE)
PRESCHOOL ONLY

Specify Breakfast and/or Lunch, Days Requested and Total # of Sessions
