



Stepping Stones Learning Center

Enrollment Application

Name of Child: _____
Last First Middle

Date of birth: _____ Nickname: _____

Mother or guardian: _____ E-mail: _____

Physical Address: _____ Mailing Address: _____

Home#: _____ Cell#: _____

Employment: _____ Work#: _____

Father or guardian: _____ E-mail: _____

Physical Address: _____ Mailing Address: _____

Home#: _____ Cell#: _____

Employment: _____ Work#: _____

Enrollment Care & Tuition

_____ **Full Day:** Aligns with a typical workday, such as Monday – Friday from 8AM-5PM

_____ **Daily:** Consists of certain days scheduled by the parent no later than the 15th of the preceding month

_____ **Drop In:** Is simply the parent calling the daycare to ask if they have space available on that day

Note: Tuition for childcare includes breakfast and an afternoon snack and, if applicable, preschool and most supplies needed for preschool.

****Must submit with a \$30 non-refundable enrollment fee (per child), immunization records & CC47 form****

Office Use Only

Date Received: _____ Paid Enrollment Fee:

Date Processed: _____ Signature: _____