

A Child's First Steps Preschool

2

Contact: Terrie Gehlsen Cell: (253) 224-4828 childsfirststeps@gmail.com Web Site: achildsfirstpreschool.com Registration Fee: \$125.00	FOR OFFICE USE ONLY CLASS A.M. or P.M. _____ PAID REGISTRATION _____ TUITION _____ DATE REGISTRATION RECEIVED _____
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Monthly/Class Tuition: (Circle One)

Indicate Class Time Preferred:

2's Class T.or Th. \$130.00 a month

a.m. (9:00-11:30)

3's Class T/Thur. \$190.00 a month

p.m. (12:30-3:00)

4's Class M/W/F \$230.00 a month

4's **Extension Class** 5 Class Days \$305.00 a month

Please complete Front and Back of Form

Name of Child _____

_____ Last _____ First _____
 Birthday _____ Male _____ Female _____

Address _____
 _____ House/Apt. # Street _____ City _____ Zip _____

Name of Parent/Guardian _____ Employer _____

Wk Phone _____ Cell Phone _____

Name of Parent/Guardian _____ Employer _____

Wk Phone _____ Cell Phone _____

Person(s) authorized to pick your child up from school

1. _____ 2. _____
 Name Phone number Name Phone number

Emergency Contact Information

 Name Relationship Phone number

Medical Information

Name of Primary Physician _____ Phone Number _____

Completed Tetanus Series (DPT)? Yes No Date of Tetanus _____

Does the child have any chronic diseases? Yes No
If Yes, please list and explain _____

Does the child have any food and/or drug allergies? Yes No

If Yes, please list and explain _____

Permission for Emergency Medical Treatment

I, _____ authorize A Child's First Steps 2 to seek
Medical treatment for my child, _____, in the event of
an emergency and/or in the case a parent/guardian cannot be reached.

Siblings/Name(s) and their ages

E-mail _____

Signed _____ Date _____
Parent or Legal Guardian

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