

A Child's First Steps Preschool

Contact Terrie Gehlsen
Cell: 253-224-4828
childsfirststeps@gmail.com
Web Site: achildsfirststepspreschool.com

FOR OFFICIAL USE ONLY

CLASS A.M. or P.M. circle one _____
PAID REGISTRATION FEE _____
TUITION _____
DATE REGISTRATION RECEIVED _____

Registration Fee: \$125.00
Monthly Tuition: (circle one)
2's 1 day class T or Th \$130.00 per month
2's 2 day class T/Th \$180.00 per month
3's 2 day class T/Th \$190.00 per month
4's 3 day class M/W/F \$230.00 per month
4's **Extension Class** 5 classes \$305.00 month
Please Complete Front and Back of Form

Indicate Class Time Preferred:

- a.m. (9:15-11:30)
- p.m. (12:10- 2:25)

Name of Child _____
Last First

Birth date _____ Male _____ Female _____

Sibling names and their ages _____

Address _____
House/Apt. # Street City Zip Code

Name of Parent/Guardian _____ Employer _____

Home Phone _____ Work/Cell _____

Name of Parent/Guardian _____ Employer _____

Home Phone _____ Work/Cell _____

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

1. Name _____ Phone Number _____

2. Name _____ Phone Number _____

Emergency Contact Information

1. Name _____ Phone Number _____

2. Name _____ Phone Number _____

Medical Information

Name of Primary Physician _____ Phone Number _____

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

Does the child suffer from 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 Preschool to seek medical treatment for my
Parent/Legal Guardian

child, _____, in the event of an emergency and/or in the case a
parent/guardian cannot be reached.

Signed _____ date _____
Parent/Legal Guardian

E-mail address: _____

Please mail completed form to:

Terrie Gehlsen
6220 213th Ave. Ct. E.
Lake Tapps, WA 98391