

**SESSION:**

**STEP Preschool**

**SCHOOL YEAR:**

**Sports Training Educational Programs**

905 West Jericho Turnpike Smithtown, New York 11787

631-543-0684

Fax 631-543-0677

www.steppreschool.com

**STEP Eisenhower Park # 516-206-2398**

Email: Jartura@steppreschool.com

**REGISTRATION FORM**

**ABOUT THE FAMILY**

FAMILY NAME: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ MOTHER'S NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE # \_\_\_\_\_

FATHER'S PROF. \_\_\_\_\_ BUSINESS # \_\_\_\_\_

MOTHER'S PROF. \_\_\_\_\_ BUSINESS # \_\_\_\_\_

MOTHER'S CELL # \_\_\_\_\_ FATHER'S CELL# \_\_\_\_\_

**EMERGENCY NAME & PHONE IN CASE PARENTS CANNOT BE REACHED.**

NAME (1) \_\_\_\_\_ TEL # \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME (2) \_\_\_\_\_ TEL # \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**ABOUT THE CHILD**

**PLEASE ENROLL MY CHILD IN:**

**AGE GROUP:** \_\_\_\_\_

**Program code** \_\_\_\_\_

**DAYS** \_\_\_\_\_ **HOURS** \_\_\_\_\_

(Days of Week)

(From When to When)

CHILD'S LAST NAME \_\_\_\_\_ FIRSTNAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SEX ( ) Male ( ) Female

CHILD'S DOCTOR \_\_\_\_\_ TEL # \_\_\_\_\_

PLEASE INDICATE ANY DEFICIENCIES OR ALLERGIES THAT THE CHILD MAY HAVE:

PLEASE LIST IN ORDER ALL OTHER CHILDREN IN FAMILY (SIBLINGS):

1. NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

2. NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

3. NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

Holidays observed \_\_\_\_\_ Child up to date on immunizations NO ( ) Yes ( )

**AGREEMENT:** I, THE UNDERSIGNED, HEREBY REGISTER MY CHILD at STEP Preschool AND AGREE TO THE FOLLOWING PAYMENT SCHEDULE AND CONDITIONS:

1. \$ \_\_\_\_\_ **PER MONTH FOR** \_\_\_\_\_ **MONTHS**

2. IN CASE OF AN EMERGENCY AND I CANNOT BE REACHED, I HEREBY GIVE MY PERMISSION TO THE SCHOOL TO SEEK EMERGENCY MEDICAL TREATMENT FOR MY CHILD.

3. THE SCHOOL HAS MY PERMISSION TO TAKE MY CHILD ON SCHEDULED TRIPS. THIS FORM MAY BE USED AS MY CONSENT SLIP. (PARENTS WILL BE NOTIFIED BEFORE EACH TRIP).

4. A REGISTRATION FEE OF \$50.00 AND THE FIRST MONTHLY PAYMENT ARE DUE WITH THIS APPLICATION AND ARE NON-REFUNDABLE.

5. PAYMENT IS DUE THE **25TH OF EACH MONTH** FOR THE FOLLOWING MONTH. (SECOND PAYMENT DUE THE 25TH OF SEPTEMBER AND LAST PAYMENT MAY 25TH).

6. I UNDERSTAND THAT THERE WILL BE NO REFUNDS OF DEPOSIT FOR WITHDRAWALS, ABSENCES, OR SCHOOL CLOSINGS.

7. A \$10.00 BILLING CHARGE WILL BE ADDED TO MY MONTHLY TUITION PAYMENT IF I MAKE PAYMENT LATER THAN THE FIRST OF EACH MONTH.

8. FOR EACH RETURNED/BOUNCED CHECK, I AGREE TO PAY THE BANK FEE OF \$50.00.

9. **OPTION: MY CHILD'S PICTURE MAY BE INCLUDED IN FUTURE ADVERTISING FOR THE SCHOOL INCLUDING NEWSPAPERS, WEB SITE & FLIERS.** ( ) YES ( ) NO Please Initial Here. Would you like to be part of our Face Book group ( ) YES ( ) NO

Parent Signature \_\_\_\_\_

STEP \_\_\_\_\_