

2019-2020 Preschool Enrollment Form

Stepping Stones Preschool admits students of any race, color, and national or ethnic origin.



Child's Full Name _____
First Middle Last

Birthdate _____ Gender (circle) Male Female

Child's home address _____
Street
_____ City

Home phone (_____) _____

Parent/Guardian #1

Name Relationship

(_____) _____
Cell Phone Email Address

Parent/Guardian #2

Name Relationship

(_____) _____
Cell Phone Email Address

Desired Program: **2-Step**—3 years of age by August 1, 2019
_____ Tuesday and Friday mornings, 9:00—11:30

Classes will be confirmed when minimum enrollment is met. **3-Step**—4 years of age by August 1, 2019
_____ Monday, Wednesday and Thursday mornings, 9:00—11:30

5-Step—4 years of age by August 1, 2019
_____ Monday through Friday mornings, 9:00—11:30

Please submit \$30.00 nonrefundable registration fee (checks payable to Stepping Stones Preschool) and this enrollment form to: Stepping Stones Preschool
1200 W DePoy Dr, Columbia City, IN 46725

Questions? Call (260) 244-5619 or email steppingstones@firstchurchconnect.com

Office Use Only

Registration Fee Paid _____ Received by _____
Date

_____ On Enrollment List
_____ On Waiting List