2023-2024 Preschool Enrollment Form

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

Child's Full Namo				PRESCHOO
Child's Full Name First	Middle	Last		
Birthdate	Ger	nder (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: ——	• •	f age by August 1, ay mornings, 9:00—		
Classes will be confirmed when minimum enrollment is met.		f age by August 1, day and Thursday		00—11:30
		f age by August 1, Friday mornings, 8:		
Please submit \$30.00 n Preschool) and this enr	_	•	Preschool	-
Questions? Call (260) 2	244-5619 or email ste	ppingstones@firsto	churchconne	ct.com
Office Use Only Registration Fee Paid	Received by		(On Enrollment List