

First Steps Primeros Pasos Registration Form

Child's Name: _____ Age: _____ Date of Birth: _____ Sex: _____

Child's Address: _____

Home Telephone: (____) _____ Email Address: _____

Parent/Guardian Information

Name:	Name:
Relationship to Child:	Relationship to Child:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Name of Employer:	Name of Employer:
Work Phone:	Work Phone:

Care Needed

Date you would like enrollment to begin if space is available: _____

Preferred time schedule: *Note: Part time care is not available*

Mon: _____	Tues: _____	Wed: _____	Thurs: _____	Fri: _____
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Additional Information:

Yes ___ No ___	This child currently qualifies for Purchase of Care. *You must attach a copy of this child's current authorization form. Do not request Primeros Pasos' POC authorization until you have been accepted for enrollment.
Yes ___ No ___	This child does not currently receive Purchase of Care funds, but I would like more information to see if our family qualifies for State subsidized child care.
Yes ___ No ___	This child has a currently diagnosed disability. Diagnosis: _____ Services Received: _____
Yes ___ No ___	This child lives in foster care or has lived in foster care or an orphanage at some time.
Yes ___ No ___	This child has attended child care before. Type of program: _____

I understand that this registration form places my child on First Steps Primeros Pasos' wait list, but it does not guarantee enrollment for my child on a specific date.

Parent/Guardian Signature _____ Date

Office Use Only Date Received: _____ Time: _____ Initials: _____ Payment Type: Check _____ Cash _____