



Stepping Ahead Preschool Registration Form

Child's Name: _____
Child's Age: _____
Birthday: _____
Address: _____ zip _____
Phone Number: _____
Mothers Name: _____
Mothers Wk #: _____ Cell # _____
Fathers Name: _____
Fathers Wk #: _____ Cell # _____
Email address _____
In case of Emergency contact: _____
Phone Number: _____

Please list any health problems the teacher should be aware of, including allergies, and other concerns: _____

Please list any family situations the teacher should be aware of, for example, who is, and who is NOT, allowed to pick up your child etc. _____

I give permission to Stepping Ahead Preschool to perform or seek any medical attention needed immediately for my child _____

Parent or Legal Guardian

Date

Please circle your preference: Stepping Stones or Pathways. Morning, or Afternoon

Please return this form with a \$35.00 non-refundable registration fee.

2583 W. 12165 So. Riverton, UT 84065

Make checks payable to Stepping Ahead Preschool.

Questions 556-6461