



**APPLICATION FOR ADMISSION**

<b>CHILD'S NAME:</b>	
<b>SEX:</b>	
<b>DATE OF BIRTH:</b>	
<b>TOILET TRAINED:</b>	<b>Please circle: YES NO</b>

	Parent	Parent
Name:		
Home Address:		
City, State, Zip code:		
Phone #:		
Cell #:		
***Email:		
*Emergency pick up Name/Information:		
Phone #:		

**\*In case of emergency, the above individual is authorized by the parent(s) to pick up child. The authorized individual MUST show I.D. prior to child being released.**

**Medical / Allergy Information:**

List all Allergies below:	List any pertinent medical condition(s):

Does your child have any specific needs that we need to know about?

How did you learn about Steps To Success IV?

As a cooperative day care center, Steps To Success IV relies and respects parent involvement. How do you see yourself involved in our school?

Please list the 3 most important qualities you look for in a day care center:

- 1.
- 2.
- 3.

Parent's signature

Date



## Program Agreement Form

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_, agree to

pay \$\_\_\_\_\_ for my child's attendance at Steps To Success II day care facility. ***\*\*\*I also understand that any deposits given to secure my child(ren)'s seat is non-refundable.***

Payment is due by the 5<sup>th</sup> of each month or I am liable for \$30.00 late fee. I understand that my child is permitted one week (5 consecutive business days) vacation per year at no charge to me. In addition, I understand that my child is entitled to two (2) sick weeks (5 consecutive school days) per year at which I will be responsible for 50% of the tuition for that week ONLY. My year commences from the date that my child begins attending Steps To Success II. I am also aware that any credit for vacation or sick time is limited to ONLY 1 (one) week maximum per month.

Steps To Success II, LLC, and its agents reserve the right to terminate admission into said Day Care Facility if instances arise that can potentially be harmful or threatening to children attending the facility or staff/management performing their duties. Additionally, should a parent/guardian of an attending child constitute a threat, either mental or physical to any of the employees, management, or a child attending said Day Care Facility, management reserves the right to preclude admission.

Additionally, it is our policy that if you remove your child for a given month(s) you are responsible for half of the month's tuition in order to hold your child's seat. Any credit allotted for sick or vacation weeks shall be utilized for the balance of the month that your child is not attending Steps To Success II.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Staff Signature

**\*PRICES ARE SUBJECT TO CHANGE**

March 5, 2012

Revised:



**PHOTO REQUEST FORM**

DEAR FAMILIES:

STEPS TO SUCCESS II WOULD LIKE TO REQUEST YOUR PERMISSION IN THE USE OF YOUR CHILD'S PHOTO/PICTURE FOR OUR FACILITIES, WEBSITE AND OTHER FORMS OF ADVERTISING.

THANK YOU,  
MANAGEMENT

YES, I AGREE TO THE ABOVE: \_\_\_\_\_  
PARENT'S SIGNATURE

NO, I DO NOT AGREE TO THE ABOVE: \_\_\_\_\_  
PARENT'S SIGNATURE