

Stepping Stones Day Care Registration

40 N. Main Street
Hatfield, PA 19440
215-368-2052

Date: _____

Child's Name: _____

Address _____

Age _____ Sex: M / F Birthdate: _____ Home Phone#: _____

Mother's Name: _____

Address _____

Home Phone _____ Cell # _____ Email: _____

Occupation _____ Place of Employment _____

Address of Employment _____ Work Phone: _____

Father's Name: _____

Address _____

Home phone _____ Cell # _____ Email: _____

Occupation _____ Place of Employment _____

Address of Employment _____ Work Phone: _____

Expected Date of Admission to Stepping Stones: _____

I would like to enroll my child on the following days Please circle

Monday Tuesday Wednesday Thursday Friday

The Hours my child will attend Stepping Stones Nursery School and Day Care are the following:

I will not bring my child before _____ and will not pick up my child after _____

Child lives with _____ both mom & dad _____ mother only _____ father only _____ other: _____

Has your child had previous care other than parents? If so, what kind?

Language spoken at home _____

Where did you hear about Stepping Stones Nursery School and Day Care Center?

Names of other children in the household _____

Stepping Stones is an outreach program of Grace Lutheran Church. Our programs reach out to children and parents of all races, ethnic backgrounds, and religions. In order to verify that we are fulfilling our mission, we respectfully request you give us the following information (this is OPTIONAL to complete)

Race/Ethnicity

African American _____
American Indian/ Alaska Native _____
Asian/ Pacific Islander _____
Hispanic\Latino _____
White _____
Other (multicultural) _____

Church Membership

Grace Lutheran Church _____
Another Lutheran Church _____
Other Christian Congregation _____
Other Religious Affiliate _____
No Church Membership _____

Please return this completed registration form along with the registration fee of \$60 for a new registration or \$50.00 for continuing students to the Stepping Stones office. **Checks are to be payable to Stepping Stones.** Registration Fees are non-refundable.

Thank you.

Parent Signature: _____

Date: _____

Registration fee \$60.00

Re-registration fee- \$50.00

Date paid: _____

Check # _____