



Elizabeth DePasquale, Owner & Program Director

Maggie Bartlett, Preschool Director

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### Application for Infant & Toddler Enrollment

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Age at Desired Enrollment: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cell): \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cell): \_\_\_\_\_

Email: \_\_\_\_\_

2<sup>nd</sup> Email \_\_\_\_\_

**Circle one:** I do want – do not want to be put on the family contact list for play dates, etc.

With whom does the child reside? \_\_\_\_\_

Person responsible for tuition? \_\_\_\_\_

**How did you hear about us?** Family referral (name): \_\_\_\_\_

Web search \_\_\_\_\_ Advertisement \_\_\_\_\_ Other: \_\_\_\_\_

**Please indicate the enrollment options you would like for your child:**

**INFANT PROGRAM IS A 5-DAY ONLY PROGRAM – please choose a pick up time!**

		<u>Pick-up (3:00)</u>	<u>Pick-up (5:30)</u>	<u>Desired Days</u>
Infant OR Toddler Option	5-day	_____	_____	
Toddler Option (15 mos & up)	3-day	_____	_____	M T W TH F
Toddler Option (15 mos & up)	2-day	_____	_____	M T W TH F

**Early Drop-off ~ 7:30** 1-day\_\_2-day\_\_3-day\_\_4-day\_\_5-day\_\_ M T W TH F (includes breakfast)

**Extended Day ~ 3:00 – 5:30** 1-day\_\_ 2-day\_\_3-day\_\_4-day\_\_5-day\_\_ M T W TH F

**Program Option** ~ Full-year \_\_\_\_ 10-month (ends in June) \_\_\_\_ Summer (July/August)\_\_\_\_

**Desired Start Date:** \_\_\_\_\_

When considering enrollment, after visiting the center, parents may fill out and return this application for enrollment with a **\$50.00 non-refundable registration fee**. If a space is available an invoice for a non-refundable security deposit will be issued and due within two weeks to secure your space. If a space is not available your family will be placed on our waitlist and notified if and when one becomes available. Families will remain on our waitlist for one year.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_