

STEP INTO LEARNING



41 Centre Street - Danvers, MA 01923
www.StepIn2Learning.com
(978) 774-8100

Enrollment Form

School Yr: _____ / _____

Program: _____

(2-Day) AM _____ PM _____ - Child must be 3 yrs. on or before 9/1of school year.

(3-Day) AM _____ PM _____ - Child must be 4 yrs. on or before 9/1of school year.

For School Use:

Date of Admission: _____

Age at Admission: _____

Child's Information

Childs Name: _____

Date of Birth: _____

Address: _____

Place of Birth: _____

Phone: _____

Primary Language: _____

Child's Identifying Information (Required by ECC Regulations)

Eye Color: _____

Height: _____

Hair Color: _____

Weight: _____

Skin Color: _____

Sex: _____

Identifying Marks: _____

Parent / Guardian Information

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Relationship to Child: _____

Relationship to Child: _____

Home Address: _____

Home Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Email Address: _____

Email Address: _____

Employer Name: _____

Employer Name: _____

Employer Address: _____

Employer Address: _____

Work Phone: _____

Work Phone: _____

Work Hours: _____

Work Hours: _____

If parents cannot be reached, provide the following information for Notification & Release to:

Name: _____

Name: _____

Relationship to Child: _____

Relationship to Child: _____

Home Address: _____

Home Address: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Special Instructions: _____

Additional Information

Child's Physician: _____ Phone Number: _____

Address: Street: _____ City/Town: _____ Zip: _____

Allergies / Special Diet's _____

Individual Health Plan for child with a chronic health condition? If Yes, please attach. (Y / N) _____

Copies of any custody agreements, court orders, and restraining orders pertaining to the child? If Yes, Please attach (Y / N) _____

Special limitations or concerns? _____

Parent/Guardian Signature

Date