

For office use only

Deposit paid on

____/____/____

Amount paid \$ _____

**Big Steps Early Learning Center, Inc.
Application Form**

Name of Child _____ Birthdate ____/____/____ Sex _____

Home address _____

Father's name _____ Home phone _____ SSN _____

Father's home address _____

Business name & address _____

Business phone _____ E-mail Address _____

Mother's name _____ Home phone _____ SSN _____

Mother's home address _____

Business name & address _____

Business phone _____ E-mail Address: _____

Preferred date of entry ____/____/____

Circle types of service desired: (Note - part time services are available only with advance permission from the director).

Full time (M, T, W, TH, F) 6:45am - 6:00pm

Part time Upon Approval from Director

Please indicate if your child has any of the following: Chronic health or medical problems; special medications; restrictions; psychological-emotional conditions; or physical handicaps.

Comments: _____

How do you hear about us? ____ Walk In ____ Website/Facebook ____ Personal Referral: _____

Please complete reverse side

Are there any other special conditions that the child care center should be aware of? If so, please explain.

I receive state funding (DFS) Yes No

If yes, please indicate the amount per day paid by the state _____

Who will be the person responsible for tuition payments?

I will make tuition payments on a regular schedule of (please check one):

_____ monthly basis (due by the 5th day of the month)

_____ semi-monthly basis (due the 1st and 15th day of each month)

_____ weekly (due at the beginning of the week that care will be provided)

_____ bi-weekly (due at the beginning of the two-week period that care will be provided)

at the daily cost of \$_____.

I understand that failure to honor this payment agreement will result in the immediate dismissal of my (children).

Signature of parent/guardian

Date

Please return to: Big Steps E.L.C. Inc.
3309 Brown Station Rd.
Columbia, Mo. 65202