Step-by-Step Children's Learning Center, Inc.
47 Loveton Circle, Suite A
Sparks, MD 21152
410-771-4151

Child's Name: _____Nickname: _____

Child's D.O.B.: _____   Age _____

Child's Address: _____

_____

Program Enrolled :   Full time   M-W-F   T-R

Hours of attendance: _____ to _____

Parent Name: _____
Address: _____
Home phone: _____Cell phone: _____
Work : _____
Work phone: _____ ext._____
E-mail address: _____

Parent Name: _____
Address: _____
Home phone: _____Cell phone: _____
Work: _____
Work phone: _____ ext. _____
E-mail address: _____

Pediatrician: _____
Phone Number: _____

Any known allergies:

_____

_____

_____

Any medical conditions:

_____

_____

_____

Previous child care experience: _____

Emergency Contact: _____

For office use only:
Deposit   _____ _____
Registration fee   _____ _____
Key Faub   _____ _____