

First Steps / First Christian Church (573) 636-0707  
327 E. Capitol Ave., Jefferson City, MO 65101

<b>FOR OFFICE USE ONLY</b>
Reg. Fee _____
Check No. _____
Member code _____

Fees: One time Monthly

Child Application Form Application # \_\_\_\_\_

T/Th AM Co-op Pre _____	T/Th AM Pre _____	T/Th PM Pre _____
MWF AM Co-op Pre _____	MWF AM Pre _____	MWF PM Pre _____
Wed & Thurs Enrich _____	Wed only Enrich _____	Thurs only Enrich _____
Wed & Thurs Nursery _____	Wed only Nursery _____	Thurs only Nursery _____

	<u>Registration</u>	<u>Tuition</u>
T/Th A.M. Co-op Pre	\$25	\$70
T/Th A.M. or P.M. Pre	\$25	\$80
M/W/F A.M. Co-op Pre	\$25	\$80
M/W/F A.M. or P.M. Pre	\$25	\$90
Enrich. W or Th only	\$15	\$34
Enrich. Wed and Thurs	\$25	\$68
Nursery W or Th only	\$15	\$40
Nursery Wed and Thurs	\$25	\$80

**Please Print** Date \_\_\_\_\_ Sex: F M

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Fathers Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Full Address \_\_\_\_\_ Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Hours of Employment  
From \_\_\_\_\_ To \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Full Address \_\_\_\_\_ Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Hours of Employment  
From \_\_\_\_\_ To \_\_\_\_\_ Phone \_\_\_\_\_

e-mail Address \_\_\_\_\_

Brothers (names & ages)	Sisters (names & ages)
_____	_____
_____	_____

Does the child have any special problems or fears that the school should be aware of? If so, what?  
\_\_\_\_\_

Is the child allergic to any medications or foods? (Please list)  
\_\_\_\_\_

Name of Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Person who can care for child in an emergency if you cannot be reached:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Full Address \_\_\_\_\_ Phone \_\_\_\_\_

Who is authorized to pick up your child? \_\_\_\_\_

First Steps Preschool Program  
First Christian Church

Consent for Medical Care

I, the undersigned (parent/guardian), do hereby give my permission and consent to the First Christian Church's First Steps Program to authorize emergency medical care for my child, \_\_\_\_\_ in the event that such care is needed and neither I nor my child's  
(child's name)  
physician can be reached.

*It is understood that the program will make every attempt to notify me or my child's physician before taking any action, except in extreme cases. It is also understood that the instructor and other attendants will do all that is foreseeable to guard against any adverse situations.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

---

Permission Form

Child's name \_\_\_\_\_

I give permission for my child to participate in First Steps-sponsored field trips and excursions. However, short, unscheduled walks may be taken from time to time without parental notification.

\_\_\_\_\_  
*Parent's signature*

\_\_\_\_\_  
*Date*

**Note:** Children without permission forms will be cared for in another classroom during the time of the field trip.

---

I understand and agree that my child may not be accepted for care at First Steps when ill.

I have been informed that a copy of the Health and Safety Regulations for non-licensed child care centers in Missouri is available at this facility for review.

\_\_\_\_\_  
*Parent's signature*

\_\_\_\_\_  
*Date*