

STEPPING STONES PRESCHOOL, INC.

Registration Form – Monday/Wednesday/Friday

Child's Name _____ Gender M F
Birth Date _____ (Circle one)

Address _____
(street) (city) (zip)

Phone _____

Parents'/Guardians' Names _____

Please complete and return this form with the \$40.00 registration fee. This fee will be used for educational equipment and is non-refundable. Your signature below indicates that you have read and agree to do the following:

Pay the tuition on the first school day of each month (the tuition for May is due on August 1st, or the month the child enters the preschool).

Send your child to school appropriately dressed for preschool activities and the weather.

Arrive at school by 9:00 AM.

Keep your child at home when there are signs of illness.

Call the preschool to notify the staff if your child will be absent from preschool for any reason.

If enrolled in the Cooperative Program, assist the teaching staff the required number of days (8 days per semester), or arrange for and pay a substitute teacher according to Board policy.

Parent's / Guardian's signature _____

Please indicate your preference for a tuition plan for the MWF class, which meets from 9:00am-1:00pm.

_____ Cooperative Plan -MWF -\$170.00

_____ Full Tuition Plan -MWF -\$230.00

How did you hear about Stepping Stones? _____

Return to: Stepping Stones Preschool
2701 Rochester Ave.
Iowa City, IA 52245

Please return -ASAP

Stepping Stones Preschool, Inc. is a non-discriminatory organization with regard to race, gender, color, religious creed, or national origin.