

# STEP ONE SCHOOL APPLICATION FORM

499 Spruce Street, Berkeley, CA 94708 (510) 527-9021 www.steponeschool.org

(A \$40.00 FEE MUST ACCOMPANY THIS FORM)

TODAY'S DATE: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP \_\_\_\_\_

CURRENT AGE: \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS

CHILD'S ETHNIC GROUP(S) and/or FAMILY STRUCTURE THAT WOULD BRING DIVERSITY TO OUR PROGRAM (Optional):  
\_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_ PARENT'S NAME: \_\_\_\_\_

HOME WORK HOME WORK

PHONE PHONE PHONE PHONE

E-MAIL \_\_\_\_\_ E-MAIL \_\_\_\_\_

EMPLOYER/ EMPLOYER/

OCCUPATION OCCUPATION

I AM APPLYING FOR: (check only those that apply)

THE FIRST OPENING POSSIBLE \_\_\_\_\_ JULY 2008 \_\_\_\_\_ SEPT 2008 \_\_\_\_\_

JULY 2009 \_\_\_\_\_ SEPT 2009 \_\_\_\_\_ OTHER \_\_\_\_\_

I wish to enroll for the following: (see brochure for descriptions) (Check box(es) for program(s) desired)

- TWO YEAR OLD PROGRAM: 2.0 - 2.9 Years (minimum age: 2 by Sept. 1st; 3, 4, or 5 days;  
Arrival 8:00, 8:30 or 9:00; Departure 12:30; 3/16 ratio.
- NURSERY SCHOOL: 2.9 - 4.8 Years; 4 or 5 days; Arrival 8:00, 8:30 or 9:00;  
Departure 12:30; 3/23 ratio.
- KINDERGARTEN: 4.8 - 5.9 Years (minimum age: 5 by Dec. 31); 5 days only;  
Arrival 8:00, 8:30 or 9:00; Departure 1:30; 2/24 ratio.
- AFTERNOON PROGRAM: Children enrolled in any of the programs above have the option of  
attending the Afternoon Program (minimum 3 days/week).  
Departure options 3:00, 5:30 or 6:00; 1/7 ratio.

Please indicate your preference (write number of days):

# of AM days/week (Twos & Nursery School only) \_\_\_\_\_ # of Afternoons until 3:00 \_\_\_\_\_ # of Afternoons until 5:30 or 6:00 \_\_\_\_\_

HOW DID YOU HEAR ABOUT STEP ONE? \_\_\_\_\_

DOES YOUR CHILD HAVE ANY SPECIAL NEEDS WE SHOULD BE AWARE OF? \_\_\_\_\_

SPECIFY CURRENT/PAST CHILDCARE \_\_\_\_\_

PLEASE TELL US ABOUT ANY SPECIAL SKILLS YOU HAVE THAT COULD BENEFIT OUR PROGRAM \_\_\_\_\_

WOULD YOU LIKE A FINANCIAL AID APPLICATION? \_\_\_\_\_

HAVE YOU OBSERVED OUR PROGRAM? \_\_\_\_\_ IF NOT, PLEASE CALL TO SET UP AN OBSERVATION DATE (527-9021)

FOR OFFICE USE:

DATE RECEIVED: \_\_\_\_\_ FEE: \_\_\_\_\_ VISITED: \_\_\_\_\_ AGE: \_\_\_\_\_