STEP ONE SCHOOL APPLICATION FORM 499 Spruce Street, Berkeley, CA 94708 (510) 527-9021 www.steponeschool.org

A \$40.00 FEE (\$10 FOR SIBLINGS) MUST ACCOMPANY THIS FORM

TODAY'S DATE:				
CHILD'S NAME:		SEX:	BIRTHDATE:	
STREET ADDRESS:			CITY:	ZIP
CURRENT AGE:	YEARS	MONTHS		
IS YOUR CHILD A SIBLING O	F A STEP ONE ST	TUDENT? (Y/N)		
CHILD'S ETHNIC GROUP(S) and	nd/or FAMILY IDI	ENTITY THAT WOULD BRING	G DIVERSITY TO C	UR PROGRAM (Optional):
PARENT'S NAME:		PARENT'S NAME:		
HOME PHONE	WORK	HOME	WORK	
E-MAIL EMPLOYER/	MAILE-MAIL			
I AM APPLYING FOR: (check o	nly those that apply		THE FIRST OPEN	ING POSSIBLE
I wish to enroll for the following:	(Check box(es) for	r program(s) desired) All program	ns are 5 days	
TWO YEAR OLD PROGRA	<u>M</u> :	2.0 - 2.11 Years (minimum age: 2 by Sept. 1 st); Departure 12:30pm		
<u>PRESCHOOL PROGRAM</u> :		3.0 - 4.11 Years (minimum age: 3 by Sept. 1 st); Departure 12:30pm		
□ <u>AFTERNOON PROGRAM</u> :		Children enrolled in any of the programs above have the option of attending the Afternoon Program Departure options 3:00pm, approx 5:00pm		
HOW DID YOU HEAR ABOUT	STEP ONE?		· · · · · · · · · · · · · · · · · · ·	
DOES YOUR CHILD HAVE AN	Y SPECIAL NEE	DS WE SHOULD BE AWARE (OF?	
SPECIFY CURRENT/PAST CHI	LDCARE			
PLEASE TELL US ABOUT AN	Y SPECIAL SKILI	LS YOU HAVE THAT COULD	BENEFIT OUR PRO	OGRAM
WOULD YOU LIKE A FINANC	TAL AID APPLIC	ATION?		
HAVE YOU TOURED OUR PRO	OGRAM?			
FOR OFFICE USE:				
DATE RECEIVED:	FEE:	VISITED:A	AGE:	