



First Step Learning Centre

Your partner in quality childcare.

Enrollment Information

Child's Name _____

Date of Birth _____

Date of Enrollment _____

Date of Withdraw _____

Meals Served:

Breakfast _____ **Lunch** _____

PM Snack _____

Days of week child normally attends care _____

Hours of day child normally attends care _____

Parent/Guardian Signature _____

Date: _____