## STEPPING STONES PRESCHOOL, INC.

## Registration Form – Monday/Wednesday/Friday

Child's Name	Gender M F		
Birth Date	(Circle one)		
Address			
(street)	(city)	(zip)	
Phone	<u> </u>		
Parents'/Guardians' Names E:Mail address			
Please complete and return this foused for educational equipment at that you have read and agree to do	nd is non-refun	dable. Your signature below indi-	
Pay the tuition on the first school August 1st, or the month the child	•	` · · · · · · · · · · · · · · · · · · ·	due on
Send your child to school appropriate at school by 9:00 AM. Keep your child at home when the Call the preschool to notify the streason.	ere are signs of	`illness.	
If enrolled in the Cooperative Pr days (8 days per semester), or arr policy. Each parent who volunt process as required by DHS. (\$30	ange for and paters will be a	ay a substitute teacher according t	to Board
Parent's / Guardian's signature			
Please indicate your preference fo 9:00am-1:00pm.	or a tuition plar	for the MWF class, which meets	from
Cooperative Plan -MWF	F -\$75.00		
Full Tuition Plan -MWF	-\$125.00		
How did you hear about Stepping	Stones?		
Return to: Stepping Stones Presch 3001 Muscatine Ave. Iowa City, IA 52240	nool	Please return -ASAP	

Stepping Stones Preschool, Inc. is a non-discriminatory organization with regard to race, gender, color, religious creed, or national origin. (revised 2-2013)