



Paddock's Early Childhood Center

First Steps/Music Together Registration

Today's Date

Family's Last Name

Parent's/Guardian's Names

Email Address

Child 1: Last Name

First Name

Birth date

M/F

Child 2: Last Name

First Name

Birth date

M/F

Child 3: Last Name

First Name

Birth date

M/F

Child 4: Last Name

First Name

Birth date

M/F

Programs *(please check desired program):*

First Steps Family Package - Rate: \$100

Includes a full year (September - August) of "Open" playgroup, "Exploration" playgroup, Pat-A-Cake Press newsletter (bi-monthly), special events, orientation with a parent educator at the center, and parent educational information. *Does not include Music Together classes.*

Music Together: Session 1 (October 4th—December 20th)- Rate: \$100

Includes 12 weeks of music and movement on Tuesdays from 10 am - 10:45 am and 1 Family CD.

Music Together: Session 2 (January 17th - April 10th) - Rate: \$100

Includes 12 weeks of music and movement on Tuesdays from 10 am - 10:45 am and 1 Family CD. *Please note, there will not be a class on April 3rd due to Spring Break.*

First Steps and Music Together Combo - Rate: \$150

Includes the full year (September - August) of First Steps as listed above in Family Package and one 12 week session of Music Together. *For enrolled First Steps families, the additional 12 week session of Music Together would cost \$50, if openings are still available.*

First Steps and Music Together Entire Package - Rate: \$200

Includes the full year (September - August) of First Steps as listed above in Family Package and both Session 1 and Session 2 of Music Together.

Return this registration form along with completed First Steps Family Enrollment Form and Child Enrollment Form for each child.

Payment options are available. If you have any questions, please feel free to contact our director.

Read and Sign: I understand the financial policies and procedures and will abide by them.

Parent Signature: _____ Date: _____

Return to: Paddock's Early Childhood Center
707 Marvin
Milan, MI 48160
(734) 439-5159

Make Checks Payable to:
Milan Area Schools

____ Family Enrollment Form Completed
____ Child Enrollment Form Completed



Membership Enrollment Form

First Steps Washtenaw - Milan

HOUSEHOLD INFORMATION (please print)

Date: _____

Parent A Name: _____
(first name) (last name)

Address: _____
(street) (Apt/lot) (City) (Zip Code)

Phone & best time to call: _____
(home number) (best time to call) (other number) (best time to call)

Parent B Name: _____
(first name) (last name)

Phone & best time to call: _____
(home number) (best time to call) (other number) (best time to call)

ALTERNATE CONTACT (friend or relative who does not reside in your home): Name _____ Phone: _____

Child's First/Last Name	Date of Birth or Expected Date of Birth	Gender	Place of Birth	Child's Ethnicity* (see below)	Are Immunizations Up to Date? Y or N (see back)

*White/Caucasian, Hispanic/Latino, Black/African American, American Indian/Alaska Native, Asian American, Hawaiian/Pacific Islander, and Other (list)

Parents, marital status: Married Single Parent Committed Unmarried

Parent A, relationship to child _____ Ethnicity* _____ Last grade/level of education completed _____

Parent B, relationship to child _____ Ethnicity* _____ Last grade/level of education completed _____

Language most frequently used in the home: _____

Number of people living in the home: _____ Membership fee code (A-E) _____
(see sliding scale fee chart on back)

Membership Fee Payment choice: () In full () Payments of _____ () Need of Scholarship

Do you give permission to be included on a local program roster to share with other families? Yes No
(This would include the names of parents, children, address, and phone number)

Do you give permission for First Steps to print any photos of you or your family taken during events for displays or newspaper? Yes No

I understand that First Steps is a parent/child program and when attending with my child, my responsibility is to nurture my child through one to one interaction during play. Initials _____

This information is confidential and solely for data purposes to improve child/family services and at no time will any names or addresses be given, without your permission (see above).

The information provided above is correct. SIGNATURE _____

First Steps Washtenaw does not discriminate on the basis of race, color, national origin, age, sex, marital status, religion or disability. Membership is open to all families with children 0-5 years of age.

For office use only: Family No. ___ Already Enrolled: Yes No Referred: No Yes (by whom)
Fee paid: Amt. Date(s): Amt. Due: