



FOOTSTEPS LEARNING CENTER

A Division of PACES, LLC

Potential New Student Application

Child's Name: _____
First, Middle, Last

Preferred Name: _____

Date of Birth: ____ / ____ / ____ Sex: ____ Male ____ Female

Primary Language: ____ English ____ Spanish ____ Other: _____

Primary Address: _____
Street Address

_____, _____
City State Zip Code

County of Residence

Child Lives With: ____ Both Parents ____ Mother only ____ Father only

____ Other: _____

Legal Custody: ____ Both Parents ____ Joint Custody ____ Other: _____

____ Mother Only ____ Father Only

Parent/Guardian 1: _____

Relationship: ____ Mother ____ Father ____ Other: _____

Primary Address: _____
Street Address, if different from child

_____, _____
City State Zip Code

Phone Numbers: _____
Primary Secondary

Email Address: _____

Employer: _____

Occupation: _____

Work Phone: _____ Ext: _____

Parent/Guardian 2: _____

Relationship: ____ Mother ____ Father ____ Other: _____

Primary Address: _____
Street Address, if different from child

_____, _____
City State Zip Code

Primary	Secondary
<p>1. <i>Staphylococcus aureus</i></p> <p>2. <i>Streptococcus pneumoniae</i></p> <p>3. <i>Escherichia coli</i></p> <p>4. <i>Salmonella enteritidis</i></p> <p>5. <i>Shigella flexneri</i></p> <p>6. <i>Yersinia enterocolitica</i></p> <p>7. <i>Legionella pneumophila</i></p> <p>8. <i>Campylobacter jejuni</i></p> <p>9. <i>Haemophilus influenzae</i></p> <p>10. <i>Mycobacterium tuberculosis</i></p>	<p>1. <i>Staphylococcus aureus</i></p> <p>2. <i>Streptococcus pneumoniae</i></p> <p>3. <i>Escherichia coli</i></p> <p>4. <i>Salmonella enteritidis</i></p> <p>5. <i>Shigella flexneri</i></p> <p>6. <i>Yersinia enterocolitica</i></p> <p>7. <i>Legionella pneumophila</i></p> <p>8. <i>Campylobacter jejuni</i></p> <p>9. <i>Haemophilus influenzae</i></p> <p>10. <i>Mycobacterium tuberculosis</i></p>

Employer: _____

Occupation: _____

Work Phone: _____ Ext: _____

Emergency Contact: _____

Relationship: _____

Primary Address: _____

Street Address, if different from child

City _____ State _____ Zip Code _____

Phone Numbers: _____

Email Address: _____

Child's Physician: _____

Physician Phone: _____

Physician Address: _____

Street Address

City _____, State _____ Zip Code _____

Preferred Hospital: _____

Name of Hospital

Street Address _____

City _____ State _____ Zip Code _____

Child's Diagnosis: Please list any diagnoses or medical conditions below (if any).

Please rate your child in the following developmental areas:

	<i>Within Normal Limits</i>	<i>Mildly Delayed</i>	<i>Moderately Delayed</i>	<i>Significantly Delayed</i>
Cognition				
Pre-Academic Skills				
Speech/Language				

Office Use Only: _____ Date Received _____ Date App Fee Paid _____ Payment Method _____

Fine Motor Skills				
Visual Skills				

Current Medications: *Please list name, dosage, and frequency of any current medications.*

Child's Allergies: *Please list any allergies along with possible reactions.*

Potty Trained: ☐ Yes ☐ No

Health Insurance

Primary Insurance

Insurance Provider: _____ Policy #: _____

Policy Holder: _____ DOB: _____

Secondary Insurance

Insurance Provider: _____ Policy #: _____

Policy Holder: _____ DOB: _____

I, as the custodial parent/guardian of the child applicant for Footsteps Learning Center, acknowledge that the application fee is a one-time non-refundable fee, and paying this fee in no way guarantees my child will be chosen for Footsteps Learning Center.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Witness Signature

Date

Office Use Only: _____ Date Received _____ Date App Fee Paid _____ Payment Method _____