Stepping Stones Learning Center LLC

Child Application

Use this application to inquire about availability in the Center. Following your submittal of this form, you will be entered into the SSLC applicant list.

Please note that submitting this application does not ensure your child's enrollment. Enrollment is only guaranteed once your non-refundable deposit is paid. *Dates of enrollment are tentative*

Deposits are as follows:

\$100 per child

	Application
Application Date:	
Child's First Name	
Child's Last Name	
Child's birthdate/expected date	
Child's Gender (optional)	^C Male ^C Female
Desired Start Date	
Desired Schedule	
If parents/guardians are se	parated, please list custodial parent first.
Parent/Guardian First Name	
Parent/Guardian Last Name	
Relationship to Child(ren)	
Street Address	
City, State and Zip Code	
Cell Phone	
Work Phone	
E-mail Address	

Application	
Parent/Guardian First Name	
Parent/Guardian Last Name	
Relationship to Child(ren)	
Street Address	
City, State and Zip Code	
Cell Phone	
Work Phone	
E-mail Address	
Additional Information	
Please note any additional comments or information about your child:	
Please note any additional comments or information about your child: If you were referred to us by	another parent of a child enrolled in our t us know their full name here:
Please note any additional comments or information about your child: If you were referred to us by programs, please le	another parent of a child enrolled in our

Stepping Stones Learning Center LLC 836 Richard Drive Eau Claire, WI 54701

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