First Steps 4K Student Transfer/Re-Enrollment Form

Send completed form to 4KApplications@scfirststeps.org.

Student Name: _____ Birthdate: _____

If you are transferring from your current provider to a new provider, fill out this section.

My child is currently attending First Steps 4K at: _____

Last date my child will attend the above provider's First Steps 4K classroom: _____

I would like to transfer my child to this provider: _____

Requested start date: _____

If you are re-enrolling after leaving the program, fill this section out.

Provider Name: _____ Date of Re-enrollment _____

Parent Signature

Parent Guardian Name: _____

Parent Guardian Signature: _____

Date: _____

Director Signature

Provider Director Signature: _____

Date: _____

Which classroom should the student be enrolled in ChildPlus? 1☐ 2☐ 3☐ 4☐ 5☐ 6☐

4K Coach's Signature: _____

Date: _____

Completing this transfer form does NOT transfer the First Steps 4K + Child Care Scholarship for wrap around care and sibling care.

If your family is currently using the First Steps 4K + Child Care Scholarship for wrap around care and sibling care, please be sure you are transferring to an ABC Quality-Rated center. Your will need to submit a DSS Connections Card directly to DSS to complete the scholarship transfer.