

LIFESTEPS'
BUTLER CENTER
383 New Castle Road
Butler, PA 16001
(724) 283-1010



LIFESTEPS'
BEAVER CENTER
138 Friendship Circle
Beaver, PA 15009
(724) 774-6494

APPLICATION FOR PRESCHOOL PROGRAM

Child's Name: _____
Date of Birth: _____
Parent(s) or Guardian: _____
Address: _____
Municipality (Twp/Boro): _____
Phone: _____
Father's Employer: _____
Work Phone: _____
Mother's Employer: _____
Work Phone: _____
What Email address would you like to be contacted at? _____
(Email address will not be shared with anyone outside Lifesteps and only for use by administrative staff)
Number of preschool sessions per week requested: _____
Days and time (a.m. or p.m.) preferred: _____
Reason for preference: _____

Previous preschool class or therapies: _____

How did you hear about Lifesteps' Preschool? _____
Fees to be paid by: _____

* A \$25 nonrefundable registration fee must accompany this application.

Payment will be applied toward the first month's fee.

Please fill out and return to:
Lifesteps
Attn: Sarah Walaschek
383 New Castle Rd.
Butler, PA 16056

We Learn...We Laugh...We Listen...We Love.