



First Steps 4K Student Re-Enrollment Form

Provider Name:

Student's Name: _____

Requested date of re-enrollment: _____

I _____ am requesting to re-enroll the above-named student at the above-named center/school. I understand that regular attendance is required because this is a publicly funded 4-year-old kindergarten class.

(Parent(s)/Guardian(s) Name)

Parent(s)/Guardian(s) Signature: _____

Date: _____

Provider Director/Principal Signature: _____

Date: _____