



## First Steps 4K Student Transfer/Re-Enrollment Form

Send completed form to [4KApplications@scfirststeps.org](mailto: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. You will need to submit a DSS Connections Card directly to DSS to complete the scholarship transfer.