



STRIDE
Learning Center

2023-2024 PACESETTER APPLICATION

**326 PARSLEY BLV
CHEYENNE, WY 82007**

APPLICATION DATE _____ DATE RECEIVED _____

YES / NO Is your child currently being served by STRIDE's Infant and Toddler Program with an IFSP?

YES / NO Is either parent currently in the military?

Child's Full Name _____

Child's Birth Date (MM/DD/YY) _____ MALE _____ FEMALE _____

Mother's Name _____

Phone Number _____

E-Mail Address _____

Father's Name _____

Phone Number _____

E-Mail Address _____

ADDRESS _____

CITY _____ ZIP _____

Do you have other children/relatives who CURRENTLY attend Stride Learning Center? YES / NO

If YES, please list their name) _____

SHOT RECORDS WILL BE REQUIRED BEFORE YOUR CHILD CAN START PRESCHOOL

SCREENING DATE _____
Start date _____
Parents Notified: Phone _____ E-Mail _____ Other _____
Teaching Team Notified _____
Administration Notified: _____