

Stepping Stones Preschool

Enrollment Form - 2012-2013

Child's Name _____ Date of Birth _____

Child's Address _____ Home Phone _____

City, State _____ Zip Code _____

Date of Admission _____ Hours in Care 9:00 a.m. - 2:30 p.m.

Parent's Name _____ Address, if different _____

Phone # while child is in care: MOTHER-Business _____ Home _____ Cell _____

FATHER -Business _____ Home _____ Cell _____

Person to call in case of an EMERGENCY if *Stepping Stones* cannot reach parents and/or guardian:

Name _____ Relationship _____ Phone _____

I hereby authorize *Stepping Stones* to allow my child to leave the child care facility ONLY with the following persons:

	<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE NUMBER</u>	<u>TX DRIVERS LICENSE #</u>
1)	_____	<u>mother</u>	_____	_____
2)	_____	<u>father</u>	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____

INFORMATION IN THIS SECTION IS VERY IMPORTANT AND SHOULD BE COMPLETELY FILLED OUT. THE STATE REVIEWS FILES FOR COMPLETE DATA ON EACH STUDENT ENROLLED IN THE PROGRAM. PLEASE PROVIDE ALL NUMBERS REQUESTED. THANK YOU.

List any special problems that your child may have, such as ALLERGIES, EXISTING ILLNESS, PREVIOUS SERIOUS ILLNESS, INJURIES during the past 12 months, any MEDICATIONS prescribed for long-term continuous use, and any other information which staff should be aware of:

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:

Name of Physician _____ Address _____ Phone # _____

Name of Hospital _____ Address _____ Phone # _____

I give my consent for necessary treatment when my child is in the care of this physician and/or hospital/clinic. I release *Stepping Stones Preschool* and its agents from any liability for any action taken.

SIGNATURE--Parent OR Legal Guardian

TRANSPORTATION: I hereby [] give [] not give my consent for my child to be transported and supervised by facility staff for **field trips**. Initials: _____

IMMUNIZATION: My child's immunization record is on file at *Stepping Stones Preschool* and all immunizations are current. Initials: _____

Updated March 27, 2012

(COMPLETE BOTH SIDES OF THIS FORM)

