

# Stepping Stones Preschool

## Enrollment Form - 2020-2021

Child's Name _____		Date of Birth _____	
Child's Address _____		Home Phone _____	
City, State _____		Zip Code _____	
Date of Admission _____		Hours in Care <u>9:00 a.m. - 2:30 p.m.</u>	
Parent's Name _____		Address, if different _____	
Phone # while child is in care: MOTHER-Business _____		Home _____	Cell _____
FATHER -Business _____		Home _____	Cell _____
<b>Person to call in case of an EMERGENCY if <i>Stepping Stones</i> cannot reach parents and/or guardian:</b>			
Name _____		Relationship _____	Phone _____
<b>I hereby authorize <i>Stepping Stones</i> to allow my child to leave the child care facility ONLY with the following persons:</b>			
<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE NUMBER</u>	<u>TX DRIVERS LICENSE #</u>
1) _____	mother _____	_____	_____
2) _____	father _____	_____	_____
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: \_\_\_\_\_

