Child's name (last, first, middle): Name called: Age: Sex: Birthdate:
Father's name (last, first, middle): Please circle one: Dr. Mr.
Address (street, city, state, zip): Home phone (please indicate which # to call first):
Place of Employment: Work phone/cell phone: Email Address:
Mother's name (last, first, middle): Please circle one: Dr. Mrs. Ms.
Address (street, city, state, zip): Home phone (please indicate which # to call first):
Place of Employment: Work phone/cell phone: Email Address:
Person(s) authorized to pick-up child other than parent (name, address, phone#):
Person(s) to contact in emergency (should both parents be unavailable):
Program in which child will be enrolled: Infants Pre-Toddlers Toddlers Pre-school Partial Day Private School After-school
Time: from____ to____ Numbers of days each week: M T W Th F
Beginning Date:
Private Physician: Address: Phone:
Hospital:
Public/Private School Attending: Address: Phone: His/Her immunization record is on file at the school and all required immunizations and/or Tuberculosis test are current. Vision and Hearing screening records are also on file.

Authorizations:

I hereby authorize Stepping Stones to share all health information regarding my child with all relevant Stepping Stones employees, and I authorize Stepping Stones to share my contact information for classroom directories.

Parent/Guardian Signature _____ Date _____

I hereby authorize Stepping Stones personnel to take my child to the above named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached.

Parent/Guardian Signature _____ Date _____

I hereby authorize any licensed physician or medical treatment center to treat my child in case of an emergency in which the above named physician cannot respond.

Parent/Guardian Signature _____ Date _____

I hereby authorize Stepping Stones personnel to transport my child to or from school, on educational excursions, or on other center sponsored activities under proper supervision and adequate transportation (bus or otherwise).

Parent/Guardian Signature _____ Date _____

I hereby authorize Stepping Stones to allow my child to participate in water activities.

Parent/Guardian Signature _____ Date _____

A child who appears ill upon arrival shall not be admitted into the facility. When a child becomes ill at the center, the parent will be contacted and arrangements made for the child to be picked up within the hour. At the time of registration, the parents should authorize the child's physician to accept all calls from the center's directors for emergency medical care.

Parent/Guardian Signature _____ Date _____

I hereby authorize Stepping Stones to apply sunscreen and bug repellent to my child when venturing outdoors.

Parent/Guardian Signature _____ Date _____

I hereby authorize Stepping Stones to permit photographs of my child for portfolio assessment, artwork, and publication purposes. I will not seek compensation for photos.

Parent/Guardian Signature _____ Date _____

I hereby authorize Stepping Stones to post any necessary allergy information in my child's classroom.

Parent/Guardian Signature _____ Date _____

I acknowledge that I have read the Stepping Stones parent handbook.

Parent/Guardian Signature _____ Date _____

Certificate of Health

This child is medically up to date not up to date on immunizations. If not up to date, immunization(s) can be made up in _____ months. The above named child has my permission to attend school.

I have examined this child and believe him/her to physically fit to participate in the normal activities in which children are involved, including outdoor play in suitable weather.

Are there any restrictions on normal physical activities indicated? Yes No
If yes, please specify: _____

Does the child have any chronic medical conditions necessitating dietary supplements or restrictions, medications, or avoidance, of allergens? Yes No
If yes, please specify: _____

Does the child have any known allergies/asthmatic problems? Yes No
If yes, special attention required:

Physician's Signature/Parent's Signature _____ Date _____

Personal Profile

Height: Weight:
For educational purposes, please identify the ethnicity, religion, and language of your family:
Please share any other pertinent family information:
With whom does your child live (circle one or both): Mother Father
Brothers (name and age):
Sisters (name and age):
Brothers and sisters not living with child:
Name of anyone that cares for child other than parents:
Other people child sees frequently:
If child attended another child care center, please name:

Personal History

Does your child have a history of: Vision impairment or eye infection? Yes No
Hearing impairment or ear infection? Yes No
Speech problems? Yes No
Does your child need any special help (i.e., Speech therapy)?
Has your child ever been tested for learning disabilities or developmental delays?
Does your child have any special fears?
Does your child have a room alone? Yes No If no, who shares room:
Any medication prescribed for long-term continuous use:
Existing illness (i.e., Asthma):

Previous serious illness/injury?
Hospitalization during the past 12 months?
Does your child have any allergies?

I hereby authorize Stepping Stones to post any necessary allergy information in my child's classroom.

Parent/Guardian Signature _____ Date _____

Child's Play Experience

How much time does your child spend outdoors?
Some ways your child plays at home:
Some favorite toys:
Some favorite foods:
Does child have playmates of similar age?
Fun things you do together:
How often do you read to your child?

Habits

Relate any pertinent information concerning: Toilet habits: Sleep and nap habits: Eating habits and difficulties: Behavior habits (thumb-sucking, tantrums, etc.):

Attitude

What is your child's attitude toward himself?
How does he react when not getting his way?
What problems does your child have that concern you most?
List methods of discipline used:
What do you feel are his special abilities/capabilities?
In what ways do you expect our program to help your child?

Comments

_____ _____

Parent/Guardian Signature Date