



Registration Form

Child's First and Last Name _____ M / F Birthdate _____

Nickname (if applicable, to be used on nametags, cubby, etc.) _____

Home Address _____

City

Zip Code

Mother's Name/Legal Guardian

Email _____

Home Phone _____

Cell Phone _____

Work Phone _____

Address (if different from child's)

City

Zip Code

Father's Name/Legal Guardian

Email _____

Home Phone _____

Cell Phone _____

Work Phone _____

Address (if different from child's)

City

Zip Code

Medical Information

Primary Doctor _____
Name Clinic Address Phone

Primary Dentist _____
Name Clinic Address Phone

Please list any allergies or special needs: _____

Please fill out the other side of this form.

Emergency Contacts (Two emergency contacts other than parents required.)

1. _____
Name Address Preferred Phone # (circle one)
Home Cell Work

Relationship to Child Emergency Contact Authorized to pick up Child

2. _____
Name Address Preferred Phone # (circle one)
Home Cell Work

Relationship to Child Emergency Contact Authorized to pick up Child

3. _____
Name Address Preferred Phone # (circle one)
Home Cell Work

Relationship to Child Emergency Contact Authorized to pick up Child

4. _____
Name Address Preferred Phone # (circle one)
Home Cell Work

Relationship to Child Emergency Contact Authorized to pick up Child

Child is registered for the following program (please check):

3 Day Program: M, T, H

8:30—11:30 am

Authorizations

I **do / do not (circle one)** authorize my child to be photographed while participating in preschool. Children will not be identified individually. Images may be shared with other preschool participants, on the Preschool or church website, slide shows for families or in church publications.

In the event of an accident or serious illness, I request Stepping Stones Preschool to contact me. In the event that I cannot be reached, I authorize Stepping Stones Preschool to make whatever arrangements seem necessary to best care for my child. My signature below authorizes Stepping Stones Preschool to act in any emergency.

Parent Signature _____ Date: _____