



# 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 (including medication 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: \_\_\_\_\_