



## Enrollment Record

Date of Enrollment: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Sex M/F Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Family Members: \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_

Address (if different from child's): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment (Mother/Guardian): \_\_\_\_\_

Address of Employment (Mother/Guardian): \_\_\_\_\_

Work Phone: \_\_\_\_\_

Special Instructions for reaching Parent/Guardian: \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_

Address (if different from child's): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Place of Employment (Father/Guardian): \_\_\_\_\_

Address of Employment (Father/Guardian): \_\_\_\_\_

Work Phone: \_\_\_\_\_

Special Instructions for reaching Parent/Guardian: \_\_\_\_\_



## Emergency Contacts

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

1. Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

## Child Pick Up Information

Persons authorized to pick up your child (Must show photo ID)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_



## Medical Information

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name, address and phone number of Child's doctor: \_\_\_\_\_  
\_\_\_\_\_

Name, address and phone number of Child's dentist: \_\_\_\_\_  
\_\_\_\_\_

Hospital of Preference: \_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_

Hospital address: \_\_\_\_\_

Chronic Medical conditions: \_\_\_\_\_

Does your child have a health care plan? \_\_\_\_\_ If yes, the health care plan must be provided on or before the first day the child is in care.

Is your child fully immunized? \_\_\_\_\_ Completed immunization records must be provided on or before the first day the child is in care.

Food Allergies? \_\_\_\_\_

### HEALTH HISTORY (Y/N)

(chronic or recurring)

Ear Infections \_\_\_\_\_

Diabetes \_\_\_\_\_

Heart disease/defect \_\_\_\_\_

Convulsion/seizures \_\_\_\_\_

Asthma \_\_\_\_\_

Nosebleeds \_\_\_\_\_

Measles \_\_\_\_\_

Mumps \_\_\_\_\_

Chicken Pox \_\_\_\_\_

Flu or Flu Shot \_\_\_\_\_

Operations or serious injuries (dates) \_\_\_\_\_

Is the child on any medications? \_\_\_\_\_ If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

Physical limitations? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

Dietary limitations? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

### ALLERGIES (Y/N)

(Nature of Reaction)

Hay Fever \_\_\_\_\_

Plant Poisoning \_\_\_\_\_

Insect Stings \_\_\_\_\_

Penicillin \_\_\_\_\_

Other drugs \_\_\_\_\_

Animals \_\_\_\_\_

Food \_\_\_\_\_

Other \_\_\_\_\_

Vision? \_\_\_\_\_ Hearing? \_\_\_\_\_ Are there any activities that you prefer your child not to participate in? \_\_\_\_\_

(Stepping Stones Preschool Medical Information Continued)

If so, please list: \_\_\_\_\_

### Authorization for Emergency Medical Care

I hereby give my permission to Stepping Stones Preschool to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child, \_\_\_\_\_.

I understand that the child care provider will make a conscientious effort to locate the parents/guardians and emergency contacts listed on the registration document before any action will be taken. If it is not possible to locate parents/guardians or emergency contacts listed, treatment will not be delayed. I/we will accept the expense of emergency transportation, medical or surgical treatment incurred.

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

#### Parent/Guardian Signatures

\_\_\_\_\_  
(Mother/Guardian)

Date\_\_\_\_\_

\_\_\_\_\_  
(Father/Guardian)

Date\_\_\_\_\_