

stepping stones

An Early Childhood Learning Center

CHILD INFORMATION FORM

Child's Name (last): _____ (first): _____ Date of Birth ____/____/____ Male Female

Home Address _____ City _____ State _____ Zip Code _____

Child lives with: _____ Number of Siblings: _____ Names and Ages: _____

Legal Guardians are Unmarried Married Separated Divorced Other _____

Parent/Guardian 1 <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	Parent/Guardian 2 <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other
First & Last Name	First & Last Name
Address (if different)	Address (if different)
Home Phone #	Home Phone #
Work Phone #	Work Phone #
Cell Phone #	Cell Phone #
Email	Email
Occupation	Occupation
Employment Address	Employment Address

●● A new health examination form must be completed and signed by a physician within 12 months of attending the program.

Child Physician Name and Contact Number: _____

Medical Conditions, allergies (Explain): _____

Life-threatening allergies No Yes (explain) _____ Epi Pen Yes No

Receiving Special Services: Speech/Language Occupational Physical Therapy SEIT Special Instruction For how many months? ____

Primary Emergency Contact (other than Parent/Guardian):

Name _____ Relationship to child: _____ Phone: _____

Name _____ Relationship to child: _____ Phone: _____

Name _____ Relationship to child: _____ Phone: _____

I, the parent/guardian of the above named child, do hereby authorize the directors, teachers and employees of Stepping Stones to contact the persons named on this form, and do authorize the named physician or his/her associates to render such treatment as may be deemed necessary in an emergency for the health of my child. I understand that every effort will be made to notify me immediately in case of such an emergency. In the event the parents or other persons named on this form cannot be reached, the directors, and/or teachers and employees are hereby authorized to take whatever action is deemed necessary in the judgment for the health of my child. I agree to be completely responsible for all medical expenses, payments of debts, or bills incurred with the injury or any illness of my child. Furthermore, I consent to my child participating in walks in the neighborhood at any given time of day. I hereby also grant consent for the compilation, maintenance and use of auditory, video graphic, photographic and other materials pertaining to my child's activities during his or her time at Stepping Stones. I understand that it will be used for school purposes only.

Parent/Guardian Name (Printed): _____ Date: _____

Signature: _____ Relation to child: _____

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