

Personal Information on Child

Child's FULL Name: _____

Sex _____ Date of Birth _____

Home Address: _____

Home Phone Number: _____

Application for Enrollment

Date care needed for: _____

Due Date (if applicable): _____

Parental Information ****MUST BE COMPLETELY FILLED OUT INCLUDING ADDRESSES****

Child lives with: (circle one) Both Parents Mother Father Other _____

Mother's Name: _____ Place of Employment _____

Employment Address: _____ Work Phone _____

(City, State, Zip) _____ Cell Phone _____

Father's Name: _____ Place of Employment _____

Employment Address: _____ Work Phone _____

(City, State, Zip) _____ Cell Phone _____

Email address _____

Authorization for Release ****MUST BE COMPLETELY FILLED OUT INCLUDING ADDRESSES****

This child may be release to the person(s) signing this agreement or to:

Name: _____ Name: _____ Name: _____

Phone _____

Phone _____

Phone _____

Emergency Contact Information

Person to contact in the case of emergency when parents are unavailable.

Name _____ Phone Number _____

Name _____ Phone Number _____

Other Information/Instructions

List hours of the day that your child will normally be at the center:

Does this child attend a school in addition to Stepping Stones? _____

If yes, please name: _____

List any special needs of this child:

Special accommodations that will need to be followed: _____

List any current medications prescribed for long-term continuous use and/or pre-existing illness, medical condition, allergy or health concerns:

Stepping Stones Learning Center
115 N. Madison Avenue – Eatonton, GA 31024
706-485-0690office 706-485-0085fax
www.SteppingStonesLC.org
info@SteppingStonesLC.org

Primary Physician Information

Primary Physician: _____

Address _____

Phone Number _____

Should the center be unable to contact me immediately, I do hereby give authorization to Stepping Stones Learning Center for such medical attention and care for the child as may be necessary. I (we) agree to keep the facility informed of changes in telephone numbers, etc where I (we) can be reached. The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child. The center uses the Putnam County EMS and Putnam General Hospital if immediate medical attention is needed.

Parent Signature _____

Date _____

External Preparations Release

I do hereby give this center permission to apply one or more of the following external preparation, in accordance with the directions for use on the container.

Baby Wipes Band-Aids Neosporin or similar

Bactine Spray or similar Sunscreen

Insect Repellent

OTC Diaper Ointment and/or Baby Powder (to included Desitin, A&D, etc.)

I hereby give permission that this center dispenses one or more of the above external preparations in accordance with the directions on the container.

I release this center from any liability for administering these preparations.

Parent Signature _____

Date _____

Parental Agreement

Stepping Stones Learning Center agrees to provide care for this child under the policies of the center and Bright From The Start, Department of Early Care and Learning. I have reviewed and accepted the Parent Handbook that details all policies and procedures of this center. This agreement carries a financial responsibility outlined in the Parental Handbook.

Parent Signature _____

Date _____