

Stepping Stone School holds your child's well being in the highest regard. Once accepted into our program every effort will be made to see that your child's transition is positive and successful. Upon enrollment we require a thirty-day evaluation period to determine the best interests and adjustment of the child and parent(s). At the end of this period, Stepping Stone School staff or parents may determine whether or not to continue with care.

After this trial period, if parents decide to leave our program, a two week notice of termination of care must be given by the parents. Stepping Stone School reserves the right to not renew enrollment for any future period from our program if Stepping Stone School staff determines that continued care is not in the best interests of the child or program. A two week written notice will be given to parents should this occur. However, Stepping Stone School realizes the responsibility it has for the care of all the students at our schools and reserves the right to terminate this agreement immediately and will do so with out prior notice if it is deemed necessary in our relationship.

Please note that failure to fully complete this enrollment form may result in termination of care. This enrollment form does not constitute automatic acceptance into Stepping Stone Schools.

Signed, Parent and/or Guardian: _____ Date: _____

Child's Name	Date of Birth	Child's Current Age
With Whom Does the Child Live?	Hours in care	Preferred Enrollment Date & School(s)
Home Address	Home Phone	

Name of Parent/Guardian	Social Security #	Occupation
Home Address	Home Phone/Cellular	Driver's License #
Place of Employment	Business Address	Business Phone/Pager

**E-mail Address

Name of Parent or Guardian	Social Security #	Occupation
Home Address	Home Phone/Cellular	Driver's License #
Place of Employment	Business Address	Business Phone/Pager

**E-mail Address

"I HEREBY AUTHORIZE STEPPING STONE SCHOOL TO ALLOW MY CHILD TO LEAVE THE CHILD CARE CENTER ONLY WITH THE FOLLOWING PEOPLE:"

(Your child will not be released to persons other than those listed below, or unless YOUR written permission is given.)

Name	Relationship	
Home Address	Home Phone	Business Phone
Name	Relationship	
Home Address	Home Phone	Business Phone
Name	Relationship	
Home Address	Home Phone	Business Phone

For Office Use Only

Date Received

Date Enrolled

Registration Fee/Paid

Parent/Guardian Initials

Child Information and Health History

In accordance with the Minimum Standards and Guidelines from the Texas Department of Protective and Regulatory Services, please list special problems or needs, including known allergies, existing illnesses, previous serious illnesses and injuries, any disabilities, any hospitalizations during the past twelve months, and any medication prescribed for long-term, continuous use, and any other information of which the staff should be aware.

To better accommodate any special needs of your child, we will require a written authorization for need and care from the parent or guardian and/or the child's physician. The parent or guardian is responsible for providing any equipment and/or training that staff personnel may require in relation to special needs and care of that child. In some instances, which will be determined on a case by case basis, a personal meeting with the child's physician and parent or guardian may be required.

Parent Initials: _____

For School Age Children Only

Please provide a current copy of your child's immunization, and Vision & Hearing Screening record which is needed for Stepping Stone School files.

Name of School

Address/Phone Number

Grade in School

Media Release Form

I, _____, parent/legal guardian of _____, hereby grant absolute right and permission to STEPPING STONE SCHOOL to photograph/film aforementioned child and use said photograph, photographic likeness, and/or reproduction thereof for purposes including, but not limited to Stepping Stone School advertisements, illustrations, literature, brochures, website, and other business purposes.

I understand that Stepping Stone School will not print or release identifying information in any public publication or announcement in conjunction with aforementioned photographic images. I understand that Stepping Stone School may print or release some identifying information, including first name, in internal publications and announcements (i.e. Positive Parenting Newsletter, etc.) in conjunction with aforementioned photographic images. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage.

Signature: _____

Date: _____

Miscellaneous Information

How did you find out about Stepping Stone School?

- | | | |
|--|--|--|
| <input type="checkbox"/> Reputation | <input type="checkbox"/> Event (fair, neighborhood festival, etc.) | <input type="checkbox"/> Location (drove by) |
| <input type="checkbox"/> Friend, family, coworker, etc. | <input type="checkbox"/> Employer (intranet, HR) | <input type="checkbox"/> Ad (magazine, phone book, flyer, newspaper, newsletter) |
| <input type="checkbox"/> Internet (Google, review, etc.) | | |

For any questions or comments, please write us at info@steppingstoneschool.com or visit us online at www.steppingstoneschool.com.

Certification of Health and Immunization Record

As stated in the Minimum Standards for Child Care Centers for the State of Texas, Documentation on file at Stepping Stone School may be the original immunization record or a photocopy of the record. An official immunization record generated from a state or local health authority, such as a registry, or a record received from school officials including a record from another state, is also acceptable.

Your child's immunization record must be current and include:

1. Child's name and birth date;
2. The number of doses and vaccine type;
3. The month, day and year the child received each vaccination; and
4. The signature or stamp of the physician or other health care professional who administered the vaccine.

Parent/Guardian Signature

Date

For preschool-age children, you must submit one of the following within one week of enrollment. (Please check the option you select.)

Your child's immunization record must be current and include:

- Doctor's statement: I have examined the above-named child within the past year and find that he/she is physically able to take part in the Stepping Stone School program.

Physician's Signature

Date

Physician's Address and Phone Number

- A copy of the medical screening form of the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program IF no referral for further diagnosis and treatment is indicated.

- A written statement from a health service or clinic.

Parent/Guardian Signature

Date

EMERGENCY INFORMATION

In case of illness or injury, please first contact:

_____ **Mother** _____ **Father** _____ **Other (please specify: _____)**

Other persons to contact in the event of an emergency or illness:

Name (relationship to child)	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

"In the event I cannot be reached to make arrangements for emergency medical care at the time of illness or accident, I hereby authorize an employee of Stepping Stone to take my child to the following physician or hospital or clinic, and I give my consent for necessary emergency care when my child is in the care of this physician and/or hospital/clinic."

Name of Physician	Address	Phone
_____	_____	_____
or to (Hospital or Clinic)	Address	Phone
_____	_____	_____
Parent/Guardian Signature		Date
_____		_____

CHECK ALL THAT APPLY:

- TRANSPORTATION:** I hereby **give** **do not give** **consent for my child to ride a bus.**
I hereby **give** **do not give** **consent for my child to be transported and supervised by the operation's employees;**
 for emergency care; on field trips; to/from school
- FIELD TRIPS:** I hereby **give** **do not give** **my consent for my child to participate in Field Trips.**
Parent comments: _____
- WATER ACTIVITIES:** I hereby **give** **do not give** **my consent for my child to participate in Water Activities:**
 sprinkler play; splashing/wading pools; swimming pools; water table play
- SIBLING RELEASE:** I hereby **give** **do not give** **permission for my child to be released to the care of his/her sibling(s) under the age of 18 years old.**
Name of sibling(s) allowed to pick up my child: _____
- RECEIPT OF WRITTEN OPERATIONAL POLICIES (i.e. PARENT HANDBOOK):**
I acknowledge receipt of the facility's operational policies (i.e. Parent Handbook) including those for discipline and guidance.
Signature _____ Date _____

RELEASE AND LIABILITY STATEMENT FOR ON-PREMISES ACTIVITIES AND OFF-PREMISES FIELD TRIPS

Stepping Stone School, Paver Investments Limited Partnership, Stepping Stone Management LLC, their agents and employees shall not be liable or responsible for and shall be held harmless by the undersigned from and against any and all claims and damages of every kind for injury or death of any person or persons and for damage to or loss of property arising out of or attributed directly or indirectly to the operations of the school or the performance of the school or its owner or employees in carrying out its day care and school functions and specifically including:

- 1) Transportation to and from the school premises and while off premises for any school related activity.
(A specific field trip permission form will be signed by parents for each field trip prior to any child leaving the school.)
- 2) Swimming or other water activities on or off premises. (A separate enrollment form will be given for swimming.)
- 3) Any other activity for which permission for the child's participation has been approved by a parent or guardian.

Signature _____ Date _____

Child History Information

Child's Name: _____ Date of Birth: _____ Sex: Male or Female

I. CHILD HISTORY

Was the pregnancy full-term? Yes / No

Was there anything unusual about the pregnancy? Yes / No If yes, please describe below:

Was your child adopted? Yes / No

II. HOME AND FAMILY

Status of Parents: _____ Married _____ Separated _____ Divorced _____ Other

Child lives with (please list names, relation, and age — ex. Bob, father, 35):

If your child does not live with both parents, is there anything we should know about his/her experiences with either parent?

III. CHILD CARE HISTORY

Has your child ever been separated from his/her primary caregiver for any length of time? Yes / No

Please explain:

Has your child ever been in a group care setting before? Yes / No If yes, please explain the setting below:

How did your child adjust to this environment?

IV. HEALTH

Is your child usually hungry for meals? Yes / No Snacks? Yes / No

Does your child have any food allergies? Yes / No If yes, please list in detail below:

Favorite Foods: _____

Refused Foods: _____

Do you have any concerns about your child's eating habits? Yes / No If yes, please explain below:

What time does your child usually go to bed? _____ Wake up? _____ Nap? _____

Do you have any concerns about your child's sleeping habits? Yes / No If yes, please explain below:

Does your child use the toilet? Yes / No

What word does your child use for urination? _____ Elimination? _____

Do you have any concerns about your child's use of the toilet? Yes / No If yes, please explain below:

Does your child dress himself/herself? Yes / No

Has your child ever had any severe injuries or illnesses? Yes / No If yes, please explain below:

Does your child have any difficulty with hearing (tubes) or vision (glasses)? Yes / No
If yes, please describe below:

Do you have any concerns about your child's health? Yes / No If yes, please explain below:

Does your child have any special needs (walking apparatus, inhaler, nebulizer, braces, etc.)? Yes / No
If yes, please explain below:

Does your child show preference for the right hand or left hand? Right / Left

V. PLAY

Where does your child play most often? _____

What are your child's favorite toys and activities? _____

With whom does your child play regularly? _____

How does your child get along with other children? _____

Please describe your child's experiences with books, music, and television:

VI. EMOTIONS AND BEHAVIORS

Does your child have any speech difficulties? Yes / No If yes, please explain below:

Does your child have any nervous habits? Yes / No If yes, please explain below:

What things does your child show a definite fear of? _____

What do you do to comfort these fears? _____

Does your child have temper tantrums? Yes / No

What upsets your child or makes him/her angry? _____

How do you respond? _____

VII. GENERAL INFORMATION

What are you looking for from Stepping Stone School?

Please use the space below to provide any additional information about your child, family traditions, hobbies, or activities that you would be willing to share with our school:

Parent/Guardian Signature: _____ **Date:** _____

Thank you for taking the time to complete this form. It will help us meet your child's needs.

Sincerely,
The Staff at Stepping Stone School