

Child's Full Name: _____ Preferred Name: _____

Child's Home Address: _____ Phone: _____

City: _____ Zip: _____ Date of Enrollment: _____ Gender: M F

Date of Birth: _____ Current Age: _____ Hrs & Days of Care: _____

Name of Public School (if Any): _____ Phone Number: _____ Grade: _____ Teacher: _____

Primary Caregiver's Name: _____ Relationship: _____ Home Phone: _____

Home Address: _____ Cell Phone: _____ Cell Provider: _____

Work Name/Location: _____ Work Phone: _____

Secondary Caregiver's Name: _____ Relationship: _____ Home Phone: _____

Home Address: _____ Cell Phone: _____ Cell Provider: _____

Work Name/Location: _____ Work Phone: _____

I authorize the following people to be **Emergency Contacts** for my child:
An Emergency Contact may pick up my child, is authorized to access the child's records, authorize medical treatment, etc. in the event a parent cannot be reached.

Name: _____	Cell Phone: _____
Address: _____	State/Zip: _____
Name: _____	Cell Phone: _____
Address: _____	State/Zip: _____
Name: _____	Cell Phone: _____
Address: _____	State/Zip: _____

I authorize the following people to **pick up** my child: **An Authorized Pick-Up Person cannot consent to medical treatment and is NOT authorized to stand in a parent's place**

Name: _____	Cell Phone: _____
Address: _____	State/Zip: _____
Name: _____	Cell Phone: _____
Address: _____	State/Zip: _____

CAREGIVER SIGNATURE: _____

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

In the event I, or my authorized agent, cannot be reached to make arrangements for medical attention, I authorize Step By Step to take my child to the following physician, clinic or hospital:

CAREGIVER SIGNATURE: _____

PHYSICIAN INFORMATION

Physician Or Clinic Name: _____

 Street Address: _____

HOSPITAL INFORMATION In cases of emergency, the closest facility will always be used.

Hospital/ER Name: _____
 Street Address: _____
 City, State, Zip: _____ Phone Number: _____

Any special **medical or health requirements** or other special needs:
 (Include all **allergies, injuries, hospitalizations, major illnesses, and long-term medications.**) **If none, WRITE NONE.**

In the event of critical illness or injury, the child shall be taken to the nearest emergency room, if necessary.

AUTHORIZATION FOR TRANSPORTATION/FIELD TRIPS

I give my consent for my child to be transported and supervised by the facility's staff for field trips and/or to/from school. I understand that all precautions will be taken to ensure the safety and health of my child. This is not intended as a waiver or release of any legal responsibility.

CAREGIVER SIGNATURE: _____

AUTHORIZATION FOR WATER ACTIVITIES

I give my consent for my child to be involved in water activities planned by the school. I understand that my child will be continuously supervised by at least two adults and the safety rules will be enforced. This is not intended as a waiver or release of any legal responsibility.

CAREGIVER SIGNATURE: _____

PRIMARY SIGNATURE: _____

SECONDARY SIGNATURE: _____