# Proportionate new Logo--all colors.bmp2 color logo.TIF Enrollment Record Short Form Date:

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: Home Phone:

Work Phone: Cell Phone:

Name: Home Phone:

Work Phone: Cell Phone:

Name: Home Phone:

Work Phone: Cell Phone:

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: Home Phone:

Work Phone: Cell Phone:

Name: Home Phone:

Work Phone: Cell Phone:

**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:

City, State, Zip: Phone Number:

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 SECONDARY

SIGNATURE: SIGNATURE:

***(Both parents/caregivers must sign unless court has awarded custody to only one)***