

Stepping
Stone
School

2019

S.A.C.

Summer Registration

Child Information Date of Enrollment _____ Withdrawal _____

Child's Full Name _____ DOB _____ Age _____
Male _____ Female _____ Child Eth. _____ W _____ AfAm _____ Asian _____ Hisp _____ Ot _____

Mother's Information Ethnicity _____ W _____ AfAm _____ Asian _____ Hisp _____ Ot _____

Name _____ Email _____
Address _____ City _____ St _____ Zip _____
Home Ph: _____ Cell Ph: _____ Other: _____
Place of Employment: _____ Occupation _____
Address: _____ Wk Ph: _____

Father's Information Ethnicity _____ W _____ AfAm _____ Asian _____ Hisp _____ Ot _____

Name _____ Email _____
Address _____ City _____ St _____ Zip _____
Home Ph: _____ Cell Ph: _____ Other: _____
Place of Employment: _____ Occupation _____
Address: _____ Wk Ph: _____

Emergency Contacts:

Name _____ Relationship _____
Address _____ City _____ St _____ Zip _____
Home Ph: _____ Cell Ph: _____ Other: _____

Name _____ Relationship _____
Address _____ City _____ St _____ Zip _____
Home Ph: _____ Cell Ph: _____ Other: _____

Name _____ Relationship _____
Address _____ City _____ St _____ Zip _____
Home Ph: _____ Cell Ph: _____ Other: _____

My child has permission to be release to the care of his/her sibling(s) who is under 18 years of age:

Sibling Name _____ DOB _____

Please check the following:

- I ___ give ___ do not give Consent for my child to be transported by Stepping Stone employees for Emergency Care
- I ___ give ___ do not give Consent for my child to participate in Field Trips
- I ___ give ___ do not give Consent for my child to participate in water activities that can include sprinkler play, water table play and/or swimming pool activities
- I ___ give ___ do not give consent for my child's photo to be used for publicity purposes that can include facebook, newspaper, TV and/or website, etc.
- I ___ give ___ do not give consent for Stepping Stone to administer Tylenol/Ibuprofen as deemed necessary
- I ___ give ___ do not give consent for my child to receive ear drops after swimming to prevent swimmers ear. (equal parts alcohol/vinegar)
- I ___ give ___ do not give consent for Stepping Stone to administer insect repellent as deemed necessary.578

___ I acknowledge receipt of Stepping Stone's Operational policies including discipline and guidance

The following meals will be served to my child:

___ Snacks ___ Hot Lunch ___ None, all meals/snacks will be provided by me

Key Tags are available for \$10.00 each:

___ Yes I need a key tag.
Key holder 1 _____
Key Holder 2 _____

My Child will normally be in care from:

_____ to _____ on ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri

Emergency Care:

In the event that I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to the following hospital:

___ Trinity Mother Frances	800 Dawson, Tyler TX 75701	903-593-8841
___ UTHCT	1000 S Beckham, Tyler TX 75701	903-597-0351
___ UTHCT	11937 US HWY 271, Tyler TX 75708	903-877-7777

___ Other _____

Name Of Physician: _____ Phone: _____

Address: _____

___ I give consent for Stepping Stone to secure any and all necessary emergency medical care for my child.

Please list any allergies, existing illnesses, previous illnesses/injuries/hospitalizations during the past 12 month and any medications that your child that your child is taking long term.

Allergies: _____

Illnesses: _____

Hospitalizations: _____

Long Term Medications: _____

Zero Tolerance Policy

Stepping Stone operates a large, fun filled summer program each year. During this program Stepping Stone has found it necessary to strictly enforce a Zero Tolerance Policy to ensure the safety and well being of the children and staff members. In the event your child cannot adhere to our policies and suspension or dismissal is necessary, no refunds will be issued.

Please review the Zero Tolerance Policy with your child as written below:

- *I will keep my hands and feet to myself at all times.
- * I will use appropriate language at all times.
- * I will be an example for others by demonstrating appropriate behavior.
- *I will listen and follow instructions at all times

*Payback is not appropriate, if someone has done something to you, you are to notify the teacher.

*I understand that failure to follow the rules will result in dismissal or suspension from the Summer Program

Child's Signature _____

Parent/Guardian Signature _____

*** Please see parent handbook for full policies and procedures***