

Stepping 8  
 Stone 10  
 School 2

S.A.C

Summer Registration Form

Licensing Operation #249396

Child Information Date of Enrollment \_\_\_\_\_ Withdrawal \_\_\_\_\_

Child's Full Name \_\_\_\_\_ DOB \_\_\_\_\_  
 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 bug spray and/or sunscreen as needed.
- I acknowledge receipt of Stepping Stone's Operational policies including discipline and guidance

The following meals will be served to my child:

Snacks                       Lunch                       None, all meals/snacks will be provided

Hot Lunch Program is \$65.00 mo(PEC) or \$75.00 per month (SAC)

Yes, my child will be on the hot lunch program.

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                      903-593-8441

ETMC                              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: \_\_\_\_\_

**School Age Children**

My Child attends the following school: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**I have included a current shot record with my child's application**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**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\*\*\*