

Stepping  
Stone  
School

S.A.C.

2021

REGISTRATION

- \_TCA
- \_Jack/Owens
- \_Rice
- \_Andy Woods
- \_Cumberland
- \_Chapel Hill
- \_Clarkston/Bell
- \_Cain
- \_Brown
- \_Higgins
- \_Stanton Smith

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

Child's Full Name \_\_\_\_\_ DOB \_\_\_\_\_ Male \_\_\_\_\_  
Female \_\_\_\_\_ Child Eth. White \_\_\_\_\_ African Am \_\_\_\_\_ Asian \_\_\_\_\_ Hispanic \_\_\_\_\_ Other \_\_\_\_\_

Mother's Information Ethnicity W \_\_\_\_\_ AfAm \_\_\_\_\_ Asian \_\_\_\_\_ Hisp \_\_\_\_\_ Other \_\_\_\_\_

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 \_\_\_\_\_ Other \_\_\_\_\_

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: \_\_\_\_\_

I will be paying: \_\_\_ weekly \_\_\_ bi-monthly \_\_\_ monthly

My child has permission to be released 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 \_\_\_ Lunch \_\_\_ None, all meals/snacks will be provided

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: \_\_\_\_\_ Hospitali-  
zations: \_\_\_\_\_

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 wellbeing 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\*\*\*

