

STEPPING STONES CHILD DEVELOPMENT CENTER

Enrollment/Registration Form

Child's Full Name: _____	Birth Date: _____
Sex: Male ___ Female ___	Enrollment Date: _____ Start Date: _____
Address: _____	Home Phone: _____
City: _____	State: _____ Zip Code: _____
Nickname: _____	Social Security #: _____
Mother's Full Name: _____	Home Phone: _____
Address: _____	Social Security #: _____
City: _____	State: _____ Zip Code: _____
Occupation: _____	Work Phone: _____ ext. _____
Name of Employer: _____	Pager or Cellular Phone: _____
Business Address: _____	City: _____
Work Hours: _____	E-Mail Address _____
Father's Full Name: _____	Home Phone: _____
Address: _____	Social Security #: _____
City: _____	State: _____ Zip Code: _____
Occupation: _____	Work Phone: _____ ext. _____
Name of Employer: _____	Pager or Cellular Phone: _____
Business Address: _____	City: _____
Work Hours: _____	E-mail Address _____

Child's Legal Guardian: ___ Both Parents ___ Mother ___ Father ___ Other

Child's Living Arrangement: ___ Both Parents ___ Mother ___ Father ___ Other

Child's Scheduled Arrival Time: _____ Departure Time: _____

Other Household Members:

Names: _____ Ages: _____ Relationships _____

Names: _____ Ages: _____ Relationships _____

Names: _____ Ages: _____ Relationships _____

Emergency Contacts

Primary Emergency Contact (other than parents or guardian) _____

Home Phone: _____ Work Phone: _____

Relationship to Child: _____

Address: _____

Person (s) authorized to pick up my child: (Besides parents, guardians, or emergency pick-ups)

Name: _____ Home Phone: _____

Address: _____

Name: _____ Home Phone: _____

Address: _____

Kid Code: _____ (*Secret word between parent & child for identification and pick up*)

Person (s) **NOT** authorized to pick up my child: (Besides parents, guardians, or emergency pick-ups)

Name: _____ Comment _____