



STUDENT APPLICATION FOR ENROLLMENT

Today's Date: _____

STUDENT INFORMATION

Date of Birth: _____ Gender: _____ Enrollment Date: _____

Child's Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____

Primary Hours & Days of Care: _____

FAMILY INFORMATION

Mother's Name: _____ Father's Name: _____

Email: _____ Email: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ Work Phone: _____

Child lives with: Mother Father Both Other _____

PICK-UP AUTHORIZATION

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the school in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

1) Name, Address, Preferred Phone #: _____

2) Name, Address, Preferred Phone #: _____

3) Name, Address, Preferred Phone #: _____

SCHOOL REQUIREMENTS & POLICIES

Stepping Stones Early Childhood Center is required by the Florida Department of Children and Families (DCF) to have the following information/documentation for our records.

Please place your initials next to each of the items below, indicating you have received the information.

- _____ Immunization Record (Form 680)
- _____ Current Physical Examination (Form 3040)
- _____ Influenza Virus Brochure
- _____ Distracted Adult Brochure
- _____ Know Your Child Care Facility Brochure
- _____ Healthy Eating Brochure
- _____ Phone/E-Mail Share

These 2 forms must be received at Stepping Stones no later than the first day of attendance and must be kept current as indicated on the forms.

- _____ Discipline Policy
- _____ Wellness Policy
- _____ Student Observation
- _____ Photography Policy

Additionally, DCF requires written notice regarding *“Special Foods at School”*. Please be aware that food brought into our Center may be served for special events. If you bring a special treat for your child’s class, it must be either pre-packaged or from a certified bakery. Please initial here: _____

Your signature below indicates that you have received a copy of the above items and that the information on this enrollment application is complete and accurate. I hereby grant permission for the staff of Stepping Stones to have access to my child’s records.

Signature of Parent/Guardian

Date

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

Stepping Stones' staff members are committed to providing a safe environment for your child. However, illnesses and accidents may occur that require emergency medical attention. If that should happen, our Staff will immediately call 911, and then contact you (the custodial parent or legal guardian). If we are unable to reach you, we will contact the persons you listed as authorized to pick up your child.

I hereby grant permission for the staff of Stepping Stones to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor/Facility Name: _____ Phone: _____
Address: _____

Dentist/Facility Name: _____ Phone: _____
Address: _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern that will help us care for your child properly:

Emergency Care Plan instructions (if applicable): _____

Signature of Parent

Date

NOTARIAL ACKNOWLEDGEMENT	
STATE OF FLORIDA COUNTY OF SEMINOLE	
The foregoing instrument was acknowledged before me this _____ day of _____, 2020 by _____ who produced _____ _____ as identification.	
_____ Signature of Notary Public-State of Florida	