

“Stepping Stones” Registration Form

Start Date _____ Class _____ End Date _____

Name of Child _____ Gender _____

Birth Date: Year _____ Month _____ Day _____

Address _____

E-mail _____

Parent(s)/Guardian(s) _____

Home Phone _____ Cell _____

Occupation _____ Place of Work _____

Available to contact at work? Yes / No Work Phone _____

Emergency Contact _____

(This person should be able to pick your child up in an emergency)

Home _____ Cell _____ Work _____

Other Person(s) authorized to bring/collect your child:

Any person who does NOT have access to your child:

(Please provide copy of custody order)

Immunization record complete? Yes / No ***(Please attach copy)***

