**STEPPING STONES CHILDREN’S CENTER Date\_\_\_\_\_\_\_\_\_\_\_\_**

**CHILD INTAKE RECORD**

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enrollment date: \_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Street) (PO Box)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

(City) (State) (Zip)

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_ Work/Cell: \_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_ Work/Cell: \_\_\_\_\_\_\_\_\_\_

**\*\*\* If neither mother nor father can be reached, in case of emergency list 2 Local Emergency Contact Numbers**:

1. **Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

-List any special skills you have (parents and grandparents) that could be helpful for our P.I.P program , i.e construction work, gardening, accounting etc.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

-Does your child have any medical conditions or allergies of which we should be aware? Yes / No

(circle one)

If so, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your child vulnerable to certain illnesses? Yes / No (circle one)

If so, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child’s Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of last Dr Visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child’s Dentist: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of last Dentist visit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Eye/Ear Doctor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of last Eye/Ear Doctor visit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Hospital(emergency): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Insurance provider and member number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parents employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ employer address and Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

-In order for Stepping Stones to administer any medicine (over the counter or prescribed) we request that you and your doctor sign the “Medication Administration permission form”. (given to you in your welcome packet)

Other Adults who are Authorized to pick up child(ren) (please include address and phone number)

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RELEASE FROM LIABILITY**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the parent or legal guardian of my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and upon acceptance of services rendered by Stepping Stones Children’s Center in the Center and at other locations, on behalf of myself and my child, I HEREBY ASSUME the risk of having my child participate in any and all activities and waive any and all claims I may have for negligent or contractual acts against the Stepping Stones Children’s Center and its respective directors, officers, agents and employees. I ALSO AGREE TO DEFEND, HOLD HARMLESS AND INDEMNIFY the Stepping Stones Children’s Center and its respective directors, officers, agents and employees for any suits, actions and claims rising out of or in any way connected with such activities.

\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

(Initials) (Date)

**EMERGENCY MEDICAL RELEASE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, HEREBY GIVE MY PERMISSION to Stepping Stones Children’s Center to call the designated doctor for medical or surgical care for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, should an emergency arise. It is understood that a conscientious effort will be made to contact me or my spouse/partner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, before any action will be taken. Non-emergent transportation may be provided in a private vehicle. 911 will be called in emergent situations. I UNDERSTAND AND HEREBY AGREE that the expense of any such care will be paid by me. I HEREBY INDEMNIFY AND AGREE TO HOLD HARMLESS Stepping Stones Children’s Center for any such expenses or other costs incurred as a result of the emergency.

\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

(Initials) (Date)

**PERMISSION FOR WALKING FIELD TRIP**

I HEREBY GIVE MY PERMISSION for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to take walking field trips, accompanied by a Stepping Stones Children’s Center staff member. I understand that these trips will be for the purposes of walking to and from the Town Park and around the Stepping Stones Children’s Center’s neighborhood.

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

(Initials) (Date)

**PERMISSION FOR FIELD TRIPS INVOLVING TRANSPORTATION**

I hereby give my permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to take field trips, accompanied by a Stepping Stones Children’s Center staff member, and to be transported by private vehicle, a Stepping Stones Children’s Center leased van or Mountain Express for these field trips. Stepping Stones Children’s Center ensures that all child restraint laws are met and all required student/teacher ratios are maintained.

**\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_**

(Initials) (Date)

**PERMISSION FOR SUNSCREEN APPLICATION**

Please apply sunscreen to your child in the morning and include a labeled bottle for reapplication. If, for some reason, your sunscreen is unavailable, do we have permission to use ours? Yes / No (circle one)

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

(Initials) (Date)

**PERMISSION FOR OINTMENT APPLICATION**

I hereby give my permission for my child, \_\_\_\_\_\_\_\_\_\_\_to use ointment such as diaper cream or face lotion as needed. If, for some reason, your ointment is unavailable, do we have permission to use ours? Yes / No (circle one)

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

(Initials) (Date)

BY SIGNING THIS ACKNOWLEDGEMENT AND RELEASE, I HEREBY ASSUME THE RISK OF HAVING MY CHILD CARED FOR BY STEPPING STONES CHILDREN’S CENTER. I INTEND TO EXTINGUISH ANY AND ALL LAIBILITY FOR ANY AND ALL CLAIMS AGAINST STEPPING STONES CHILDREN’S CENTER AND PERSONS REFERENCED ABOVE.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_