



EARLY EDUCATION REGISTRATION

Child's Name _____	Siblings:	Birth date
Street _____	1. _____	____/____/____
City _____ State _____ Zip _____	2. _____	____/____/____
Social Security Number _____	3. _____	____/____/____
Birthdate ____/____/____ Sex M ____ F ____	4. _____	____/____/____

Early Education Hours 8 am - 4:30 pm

Please circle the days you would like your child to attend Preschool and approximate hours of attendance:

Monday	from _____ to _____
Tuesday	from _____ to _____
Wednesday	from _____ to _____
Thursday	from _____ to _____
Friday	from _____ to _____

Authorization For Child Release

Your child ***WILL NOT*** be released to anyone who is not on this list, unless we are notified by the parent/guardian in writing.

Anyone on the list, other than the parent/guardian, will be required to prove his/her identity with a **PICTURE ID.**

	Name	Relationship	Phone
1.	_____	_____	(____) _____
2.	_____	_____	(____) _____
3.	_____	_____	(____) _____

Swimming/Water Activities Permission

Stepping Stones Center's swimming/water activity programs are conducted by qualified and certified water safety instructors and lifeguards.

(Check one)

____ The center will be providing ____ additional adults above the required staff/child ratios.

____ The center will NOT be providing additional adults above the required staff/child ratios.

(Required ratio is: _____)

Child's Name _____ Date of Birth ____/____/____

Swim Site:

Stepping Stones Indoor/Outdoor Pools _____

Camp Allyn Outdoor Pool _____

My child is a

Swimmer _____ Non Swimmer _____

I give my permission for my child to participate in swimming/water activities.

Parent/Legal Guardian Name (please print) _____

Parent/Legal Guardian Signature _____ Date ____/____/____