

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

Child's Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Child's Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_ Gender: M F

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_ Hrs & Days of Care: \_\_\_\_\_

Name of Public School (if Any): \_\_\_\_\_ Phone Number: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: If different from above: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Name/Location: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: If different from above: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Name/Location: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I authorize the following people to be Emergency Contacts for my child:  
**An Emergency Contact may pick up my child, is authorized to access the child's records, authorize medical treatment, etc. in the event a parent cannot be reached.**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I authorize the following people to pick up my child:  
An Authorized Pick-Up Person cannot consent to medical treatment and is NOT authorized to stand in a parent's place

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_

**(Both parents must sign unless court has awarded custody to only one)**

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION**

In the event I, or my authorized agent, cannot be reached to make arrangements for medical attention, I authorize Step By Step to take my child to the following physician, clinic or hospital:

**PHYSICIAN INFORMATION**

Physician Or Clinic Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_

**HOSPITAL INFORMATION** In cases of emergency, the closest facility will always be used.

Hospital/ER Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Any special **medical or health requirements** or other special needs:  
**(Include all allergies, injuries, hospitalizations, major illnesses, and long-term medications.)**  
**If none, WRITE NONE.**

**In the event of critical illness or injury, the child shall be taken to the nearest emergency room, if necessary.**

**AUTHORIZATION FOR TRANSPORTATION/FIELD TRIPS**

I give my consent for my child to be transported and supervised by the facility's staff for field trips, and/or to/from school. I understand that all precautions will be taken to ensure the safety and health of my child. This is not intended as a waiver or release of any legal responsibility.

**PARENT SIGNATURE:** \_\_\_\_\_

**AUTHORIZATION FOR WATER ACTIVITIES**

I give my consent for my child to be involved in water activities planned by the school. I understand that my child will be continuously supervised by at least two adults and the safety rules will be enforced. This is not intended as a waiver or release of any legal responsibility.

**PARENT SIGNATURE:** \_\_\_\_\_

**MOTHER'S** \_\_\_\_\_

**FATHER'S** \_\_\_\_\_