

## Child's Records

Admission Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address, If different from above:

\_\_\_\_\_

Father's Name \_\_\_\_\_

Address, if different from above: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager \_\_\_\_\_

Email Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

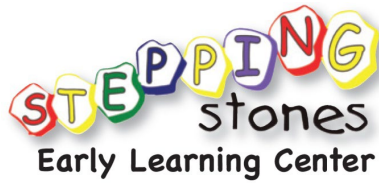
Address, If different from above: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Email Address: \_\_\_\_\_



**Have there been any major changes at home that might affect your child in care?**

\_\_\_\_\_ No \_\_\_\_\_ Yes, as follows \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Name and phone number of last childcare attended; reason for leaving:**

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

**If parents can not be reached by phone during the time child is in care, how can the parents be reached?** \_\_\_\_\_  
\_\_\_\_\_

**The name, phone number & address of a person other than the parent to be contacted in case of an emergency:** \_\_\_\_\_  
\_\_\_\_\_

**Name of persons who are permitted to pick up your child:** \_\_\_\_\_  
\_\_\_\_\_

**Name, address and phone number of family physician and dentist:** \_\_\_\_\_



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**“I hereby give my consent, in the event of a medical emergency when I can not be contacted, for Stepping Stones Early Learning Center INC to obtain whatever treatment may be deemed necessary for: \_\_\_\_\_**

**D.O.B. \_\_\_\_\_”.**

**This authorization includes my consent for the above named child to receive treatment by a physician in the hospital emergency department. (CMMC will be used, unless otherwise directed).**

**I hereby give my authorization for medical treatment as outlined above.**

**Known allergies: \_\_\_\_\_**

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**Known Medical problems: \_\_\_\_\_**

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**Last Tetanus shot: \_\_\_\_\_**

**Please list any significant factors concerning your child’s adjustment here at**

**Stepping Stones: \_\_\_\_\_**

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**Parent or Guardian Signature**