



**EARLY EDUCATION REGISTRATION**

Child's Name \_\_\_\_\_ Siblings: \_\_\_\_\_ Birthdate \_\_\_\_\_
Street \_\_\_\_\_ 1. \_\_\_\_\_ / /
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ 2. \_\_\_\_\_ / /
Social Security Number \_\_\_\_\_ 3. \_\_\_\_\_ / /
Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex M \_\_\_\_ F \_\_\_\_ 4. \_\_\_\_\_ / /

Please circle the days you would like your child to attend Preschool: M T W Th F

If, in addition to Preschool, you are interested in our Wrap Around Child Care, please circle the days you would like your child to attend Wrap Around Child Care: M T W Th F

If child care is requested, what are the approximate hours needed? (We are open from 7:00 am—9:30 am and 2:30 pm—4:30 pm) \_\_\_\_\_

**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.

Table with 3 columns: Name, Relationship, Phone. Rows 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 Center 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 \_\_\_\_/\_\_\_\_/\_\_\_\_