

# Step By Step Registration Form

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

FOR OFFICE USE:		
Registration Fee Paid?	Yes	No
Amount: _____	Cash	or Check: _____
Start Date: _____		

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

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Child's Social Security Number: \_\_\_\_\_

## **Parent Information:**

Child lives with (circle one):    Both Parents    Mother    Father    Other: \_\_\_\_\_

Custodial Parent Name(s) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone Numbers:

Home: \_\_\_\_\_

Father Cell: \_\_\_\_\_ Do you receive texts? Yes or No

Mother Cell: \_\_\_\_\_ Do you receive texts? Yes or No

Number you would prefer we call **first\*** in case we need to get in contact with a parent?

\*If we cannot reach you on your preferred number, we will continue trying with other numbers provided.

(Circle one)    Home    Father Cell    Mother Cell    Father Work #    Mother Work #

Father's Place of Employment \_\_\_\_\_ Work # \_\_\_\_\_

Location: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Work # \_\_\_\_\_

Location: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

## **Non-Custodial Parent Information (if applicable):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Other: \_\_\_\_\_

## **Medical Information:**

I hereby grant permission for the staff of Step by Step to obtain emergency medical care for my child if warranted.

Physician's Name, Address, & Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

List any allergies, chronic illnesses, medications taken regularly, physical conditions, fears or other important information this school should be aware of, including physical & emotional health issues (attach separate sheet if necessary):

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*(Please complete and sign second page on reverse)*

**Emergency Contact Information...** IF parent cannot be reached

List information of friends and relatives who can be reached in case of emergency and who have previously agreed to pick up your child if necessary. Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached. *Efforts will be made to reach the parent/guardian first.*

1. Name: _____ Phone # _____ Address: _____ Relationship: _____	2. Name: _____ Phone # _____ Address: _____ Relationship: _____
3. Name: _____ Phone # _____ Address: _____ Relationship: _____	4. Name: _____ Phone # _____ Address: _____ Relationship: _____
5. Name: _____ Phone # _____ Address: _____ Relationship: _____	6. Name: _____ Phone # _____ Address: _____ Relationship: _____

**Persons NOT authorized to pick up the child (if any):**

If a non-custodial parent or other person has been denied access to a child by court order, Step by Step requires a copy of the court order regarding this matter to be maintained in the child's file in the Step by Step office. Please attach a picture or detailed descriptions of persons not permitted to pick up the child.

1. Name: _____	Relationship: _____
Detailed Description: _____	
2. Name: _____	Relationship: _____
Detailed Description: _____	

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*All registrations must be complete including parent contract and field trip permission form, and registration fee of \$60.00 paid before child can attend Summer Camp at Step By Step. Tuition must be current and paid in full before a child can return each week. Tuition is due by Monday of week attending.