

Step By Step Registration Form

School Year: _____

Child's Full Name: _____

Birth date: _____ Age: _____ Gender: _____

Child's Social Security Number: _____

FOR OFFICE USE:		
<input type="checkbox"/>	Registration Fee Paid (Amount: _____)	
Cash	Online	Check: _____
<input type="checkbox"/>	Immunization Form	<input type="checkbox"/> Food Permission Form
<input type="checkbox"/>	Health Physical Form	<input type="checkbox"/> Medical Authorization
<input type="checkbox"/>	Birth Certificate	<input type="checkbox"/> Handbook Acknowledgment
Start Date:	_____	

Photo Permission? (for use on bulletin boards, craft projects, general classroom use, etc...) Yes No

Parent/Guardian Information:

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

Parent/Guardian 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?

*This for ease and availability. When needing to contact a parent, we will take your preferred contact into consideration, however, Step by Step is not required to call your preferred contact first.

(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: _____

Are you a member of Gonzalez Baptist Church? Yes ___ No ___ If no, do you attend church? _____

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: _____

Medical Information:

Physician's Name & Phone Number: _____ Hospital Preference* _____

Insurance Company: _____ Policy Number: _____ Policy Holder _____

**In the event of a serious accident or emergency, and if Step by Step is unable to reach parent or legal guardian, the staff at Step By Step will secure any necessary medical attention from the nearest Hospital Emergency Room, and - if necessary - will transport child to the hospital by ambulance or staff person's car.*

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):

I permit Step by Step to administer emergency antihistamine if needed to my child prior to contacting me for my verbal consent.

Parent Initial: _____

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

Parent Initial: _____

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: _____

2. Name: _____

Phone # _____

Phone # _____

Relationship to child: _____

Relationship to child: _____

3. Name: _____

4. Name: _____

Phone # _____

Phone # _____

Relationship to child: _____

Relationship to child: _____

Parental Contract Agreement

Please read and initial to indicate agreement to the following conditions for participation at Step by Step CEC

_____ **A non-refundable registration fee of \$75 per child is due annually** and is required for registration to be complete.

_____ I agree to pay my tuition on time (by the 1st of the month), and I understand if tuition is not paid by the 10th of the month, a \$25.00 late fee (effective Sept 1, 2018) will be added to my account.

_____ I understand if payment is not current by the 15th of the month, attendance will be suspended until full payment is received. Continued late payments are grounds for termination of enrollment.

_____ I agree to provide Step by Step with the proper forms (*copy of Birth Certificate, Florida Certification of Immunization Record, and Florida Department of Health Form*) and will keep those forms updated regularly.

_____ I agree to provide Step by Step with accurate and updated phone numbers where I can be reached at all times. I also understand that I must provide a minimum of two additional persons who have agreed to be contacted in my absence.

_____ I understand that **Step by Step opens at 6:30 AM and closes at 6:00 PM**. I realize a late pick-up requires that I will be charged \$2.00 **per child** per minute that I am late.

_____ I understand that Step by Step **requires that my child be in their classroom NO LATER THAN 8:30 AM** unless prior arrangements have been planned with your child's teacher (i.e.- doctors appointment).

_____ I understand that I must walk my child into the building, take my child to the bathroom PRIOR to drop off, and leave my child with the staff on duty in their classroom.

_____ I agree to have my child picked up as quickly as possible if I receive a call saying my child needs to go home due to illness or suspected illness (no more than 60 minutes from receiving call).

_____ I understand that it is my responsibility to provide all items for my child as stated in the parent handbook under "required items" and I will dress my child within the guidelines of the handbook.

_____ I agree if I decide to withdraw my child, I will give Step By Step two weeks written notification. I also understand that I will be charged for two weeks tuition if I fail to give two weeks' notice.

_____ I have read and agree to adhere to all aspects of the Parent Code of Conduct and Step by Step's Aggressive Behavior Policy as it is laid out in our parent handbook.

_____ I have been given a Step by Step Parent Handbook, and I understand the conditions, policies, and procedures listed within. Failure to meet these conditions may suggest that the Step By Step CEC program does not fit into my childcare needs and Step By Step reserves the right to terminate according to the handbook policy under discipline guidelines.

Signature (Mother/Guardian): _____ **Date:** _____

Signature (Father/Guardian): _____ **Date:** _____