

Child Information Record

2023-2024 Step By Step PRESCHOOL CENTER

Admission Date: _____ Discharge Date: _____ Full Day: 7am-6 pm Enrichment: 8:30-11:30 am

Student Last Name _____ First _____ Middle _____ Birth Date _____

Home Phone: _____ Cell Phone: _____ Ok to text? Male Female

List any pertinent health information (e.g., ALLERGIES, medical conditions, etc.): _____

Please PRINT all information

PARENT INFORMATION - Please List Each Parent/Guardian Separately

FAMILY #1 Child primarily resides at this address

Name _____
First Middle Last

Marital Status: Married Divorced Single Widowed

Relationship to child: Parent/Step Parent Foster
 Legal Guardian Power of Attorney Other: _____

Address _____ Apt _____

City _____ St _____ Zip _____

Phone #1 (____) _____ Phone #2 (____) _____

Email Address _____

Employer (if applicable) _____

Active Military: Yes No Veteran

Highest Level of Education _____

FAMILY #1 Spouse

Name _____
First Middle Last

Marital Status: Married Divorced Single Widowed

Relationship to child: Parent/Step Parent Foster
 Legal Guardian Power of Attorney Other: _____

Address _____ Apt _____

City _____ St _____ Zip _____

Phone #1 (____) _____ Phone #2 (____) _____

Email Address _____

Employer (if applicable) _____

Active Military: Yes No Veteran

Highest Level of Education _____

FAMILY #2 Child primarily resides at this address

Name _____
First Middle Last

Marital Status: Married Divorced Single Widowed

Relationship to child: Parent/Step Parent Foster
 Legal Guardian Power of Attorney Other: _____

Address _____ Apt _____

City _____ St _____ Zip _____

Phone #1 (____) _____ Phone #2 (____) _____

Email Address _____

Employer (if applicable) _____

Active Military: Yes No Veteran

Highest Level of Education _____

FAMILY #2 Spouse

Name _____
First Middle Last

Marital Status: Married Divorced Single Widowed

Relationship to child: Parent/Step Parent Foster
 Legal Guardian Power of Attorney Other: _____

Address _____ Apt _____

City _____ St _____ Zip _____

Phone #1 (____) _____ Phone #2 (____) _____

Email Address _____

Employer (if applicable) _____

Active Military: Yes No Veteran

Highest Level of Education _____

Student Last Name _____ First _____ Middle _____ Date _____

Please Print all Information

EMERGENCY CONTACTS (Other than Parent/Guardian)
NOTE: Students will only be released to a parent, guardian, or emergency contact person listed.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

STEP BY STEP PRESCHOOL HANDBOOK
 I agree that I have read and reviewed the handbook as provided to me by Step By Step and that I will abide by the rules and policies as set forth in the handbook.

CODE WORD (to be used if a person not listed above is asked to pick up the child):

I agree to provide a nutritious lunch daily if not purchasing hot lunch at the center.

Physician or Health Clinic:

I understand that a weekly paper schedule with full payment must be turned in at the center each week before 6 pm on Wednesday for the following week. Online schedules with payment are due by 8 am on Friday. If your schedule and/or payment is received after the above deadline, a \$20 late fee will be charged.

Physician or Health Clinic's Phone Number:

Hospital Preference: _____

PERMISSION FOR MEDIA
 Step By Step children are occasionally recognized in various mediums for their activities and/or achievements. Please check if you DO NOT wish your child to be recognized in these ways:
 Photos MAY NOT be taken and the child's likeness MAY NOT be printed in articles, school newspapers, brochures, etc.
 Audio recordings of this child's voice MAY NOT be used.
 Film or videotape of this child MAY NOT be shown.
 Child's name/likeness and/or voice MAY NOT be used for school district web pages, TV, or other multimedia presentations.

EMERGENCY TREATMENT
 I give permission to Step By Step, licensed by the Department of Licensing and Regulatory Affairs, to secure emergency medical treatment for the above name minor child while in care.

SPECIAL SERVICES
Has your child ever been evaluated for any special services?
 Yes No
 If yes, please explain _____

ETHNICITY
 Hispanic/Latino (regardless of Race)?
 Yes No
 Primary Language?

RACE
 Native American/Alaskan Native
 Asian
 African-American/Black
 Native Hawaiian/Pacific Islander
 Caucasian/White

FIELD TRIP PERMISSION
 I grant permission for my child to participate in field trips sponsored by Saginaw Township Community Education, which will take my child away from school premises. I understand I will be notified by Step By Step staff prior to each field trip.

I have read all of the above permissions and by signing below, I agree to all of the items checked.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____