

Stepping Stones MDO

Fall/Spring

Date: _____

Class: _____

Days of the week your child would like to attend- M T TH

Place a picture of
your child here

Child's Last Name: _____ Child's First Name: _____

Child's Gender: M F Child's Age: _____ Birth date: _____

Home Address: _____

Email Address: _____

Father's Name: _____ Mother's Name: _____

Father's Work Phone: _____ Mother's Work Phone: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Doctor's Name and Phone #: _____

Persons, other than parents, authorized to pick up your child and who would assume responsibility in an emergency:

Name: _____ Phone: _____ Relationship to child: _____

Name: _____ Phone: _____ Relationship to child: _____

Name: _____ Phone: _____ Relationship to child: _____

Name: _____ Phone: _____ Relationship to child: _____

List any allergies (food, pollen, or medicine): _____

Limitations or medical challenges: _____

When my child needs medications from home to be given at school, I give my permission for the director to administer the medicine after I have given them directions and signed the medicine card in the office.

(signature)

Please include an up to date shot record with enrollment forms as well as the \$85 enrollment fee (cash or check)

Release, Indemnity, and Waiver for all MDO activities

We hereby give permission for our minor child to participate in the Mother's Day Out program at Waterloo Church of the Nazarene. We know of no physical or emotional reason why our child should not participate in this program. In consideration of your letting our child participate in this program and other good and valuable consideration, receipt of which has hereby released Waterloo Church of the Nazarene, a corporation, its agents, employees, officers, and instructors of any and all liability and claims whatsoever arising out of or related to any injury or loss participating in said Mother's Day Out. We hereby agree that we and our child will be bound by this release and we agree to defend, hold harmless, and indemnify Waterloo Church of the Nazarene, a corporation, its agents, employees, officers, and instructors for any disaffirmation of this release by our child and any guardian of our child. This release shall also constitute authority to any person connected with the Mother's Day Out program of Waterloo Church of the Nazarene to give consent for any doctor, nurse, and/or hospital to administer medical aid and treatment for our child enrolled in said program if an accident is sustained or emergency exists.

Parent/Guardian Signature: _____ Date: _____

Photo Waiver

We give permission for our child's picture to be posted on the private Stepping Stones Facebook page, so you can see what they did while at MDO. We do ask that you respect the privacy of our other families and not repost pictures with other students in them anywhere.

Parent/Guardian Signature: _____ Date: _____

Movie Waiver (for ages threes and up)

Once a month we have a movie day and while we try to keep all the movies rated "G," lately it seems everything is rated "PG," By signing this you agree your child may watch a PG movie (they will always be animated and are usually Disney). Frozen, Tangled, etc.

Parent/Guardian Signature: _____ Date: _____

Parent Handbook

I have read and agree to comply with the Parent Handbook for Stepping Stones Mother's Day Out. A copy of the handbook can be found on our website at Steppingstonesmdo.com

Parent/Guardian Signature: _____ Date: _____

Tuition

I understand tuition is calculated for the entire school year and divided into nine equal payments Sept-May to allow for easy budgeting. Tuition does not change based on school closures, holidays, vacations, or any other reason. Tuition is due the first of the month and is considered late after the tenth and a \$5 per day late fee will be added.

Parent/Guardian Signature: _____ Date: _____

Child Information

(For the teacher)

Child's Full Name: _____ Prefers to be called _____

Child's Birth Date: _____

Child primarily lives with: Mom _____ Dad _____ Both _____ Other _____

Mother: Name: _____ Father: Name: _____

Work #: _____ Work #: _____

Cell #: _____ Cell #: _____

Siblings: _____

Food Restrictions or Allergies: _____

Any Medical concerns: _____

What do you want us to know about your child? (Likes, dislikes, fears, attachments, routines, medical, do they have a binky/lovey)

Besides the parents/guardians, who can pick up your child from Stepping Stones?

_____	_____
_____	_____
_____	_____

Where is your child in the potty training process? _____

If needed, I give my permission to the Mother's Day out Staff to administer diaper rash cream to my child. _____ (initial)