

# Stepping Stones MDO Summer

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

Class: \_\_\_\_\_

Mondays and Wednesdays 9:45-2:45

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)

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***Please include an up to date shot record with enrollment forms as well as the \$55 activity 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. I understand that enrolling in the summer means enrolling for the full summer, I agree to pay full tuition for both June and July.

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](http://Steppingstonesmdo.com)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Tuition**

I understand that enrolling in the summer, I will pay tuition in full for both June and July by the tenth of each month. Tuition will not be adjusted due to school closures or vacations.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **Child Information**

(For the teacher)

Child's Full Name: \_\_\_\_\_  
(Preferred name at school)

Child's Birth Date: \_\_\_\_\_

Child primarily lives with: Mom \_\_\_\_\_ Dad \_\_\_\_\_ 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, binky, lovey)

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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)