



**Child Information:**

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
Enrollment Date \_\_\_\_\_

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Nickname: \_\_\_\_\_

Child's Physical Address: \_\_\_\_\_

Primary hours of care: From \_\_\_\_\_ To \_\_\_\_\_ M T W T F

\*\*\*\*\*

**Family Information:** Please mark the box of the best phone number for calling in case of child illness.

**Mother/Guardian:** \_\_\_\_\_ **Father/Guardian:** \_\_\_\_\_

**Address** \_\_\_\_\_ **Address** \_\_\_\_\_

\_\_\_\_\_

**Cell**  \_\_\_\_\_ **Cell**  \_\_\_\_\_

**Employer** \_\_\_\_\_ **Employer** \_\_\_\_\_

**Work Phone**  \_\_\_\_\_ **Work Phone**  \_\_\_\_\_

**Email** \_\_\_\_\_ **Email** \_\_\_\_\_

**Parents' Marital Status:** Married \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Custody \_\_\_\_\_

**Names and Ages of Other Children in Your Family**

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

\*\*\*\*\*

**Medical Information:** I hereby grant permission for the staff of First Steps to contact the following medical personnel to obtain emergency care if warranted.

Doctor: \_\_\_\_\_ Add: \_\_\_\_\_ #: \_\_\_\_\_

Dentist: \_\_\_\_\_ Add: \_\_\_\_\_ #: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Please list allergies, special medical or dietary needs, or other areas of concern: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

**Contacts:** Your child will be released only to the custodial parent/legal guardian and persons listed below. The following designated 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/legal guardian cannot be reached. **(Mark at least two as emergency contacts)**

\_\_\_\_\_  
Name \_\_\_\_\_ Circle type: landline, cell, or work # \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_ Circle type: landline, cell, or work # \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_ Circle type: landline, cell, or work # \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_ Circle type: landline, cell, or work # \_\_\_\_\_

Address \_\_\_\_\_

\*\*\*\*\*

**Other Information:**

**Photo/Video Release:** I give permission for my child's photo and/or video to be posted on First Steps's website, social media, and/or promotional items. Yes \_\_\_\_\_ No \_\_\_\_\_

**Walk Permission:** I give permission for my child to participate in neighborhood walks for exploration and fresh air. Staff will be available onsite at all times to advise of my child's location.  
Yes \_\_\_\_\_ No \_\_\_\_\_

**Baptism:** Has this child been baptized? Yes \_\_\_\_\_ No \_\_\_\_\_

**Family's present church membership** \_\_\_\_\_

**Helpful family information that we should know about** (ex: new baby, recent move, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**I hereby give the staff of First Steps Early Learning Center to give medical treatment in an emergency or in the event that I am detained or cannot be reached.**

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_