

STEP BY STEP PRESCHOOL ENROLLMENT

Child's Full Name: Preferred Name/Nickname:		Date of Birth: / /	Gender:	
Child's Home Address:				
Name of Person Enrolling Child:		Relationship to Child: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative ____ <input type="checkbox"/> Other_____		
Phone Number(s) of Person Enrolling Child: () - <input type="checkbox"/> ok to text Email Address:		Address of Person Enrolling Child (if different than child):		
EMERGENCY INFO	EMERGENCY CONTACT NAMES / ADDRESSES (please note relationship to child)	Authorized to Pick Up	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER / EMAIL
	Primary Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ok to text	<input type="checkbox"/> ok to text
	Secondary Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ok to text	<input type="checkbox"/> ok to text
	Additional Contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> ok to text	<input type="checkbox"/> ok to text

Check boxes below to indicate if your child has any special needs/services: None

Early Intervention/Special Education
 Occupational Therapy
 Speech/Language
 Physical Therapy

Allergies (list) _____

Other _____

Please provide information here **AND** discuss with the Step By Step Director:

Child's Primary Care Physician's Name/ Group:	Phone Number: () -
Preferred Hospital:	Phone Number: () -
Child's Dental Care:	Phone Number: () -

**Child Health Insurance Information is available by calling toll-free 1-800-698-4543 or
On the NYS Health Marketplace website: <https://nystateofhealth.ny.gov/>**

AGREEMENTS

- I consent to emergency medical treatment for my child..... Yes No
- I consent for my child to take part in trips around the Dix Hills EF Church property under proper supervision..... Yes No
- I understand that Step By Step may need additional permissions for situations such as transportation, medication, release of information, and field trips..... Yes No
- I provided information on my child's special needs to Step By Step to assist in caring for my child..... Yes No
- I agree to review and update this information whenever a change occurs and at least once every year..... Yes No

SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE	DATE: / /
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