

Stepping Stones Adventure Preschool

Unlock Curiosity. Inspire Imagination

Enrollment Paperwork

2026-2027



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2026-2027 SSAP Enrollment Form

Today's Date: _____

Child's First and Last Name: _____

Child's Age _____ Child's DOB ____/____/____ Gender: _____

Address _____ City _____ Zip _____

Primary Parent/Guardian

Name: _____

Address if different from above: _____

Best phone number to be reached: _____

Email: _____

Occupation: _____

Employer Address : _____

Employer Phone #: _____

Instructions for reaching you: _____

Secondary Parent/Guardian

Name: _____

Address if different from above: _____

Best phone number to be reached: _____

Email: _____

Occupation: _____

Employer Address : _____

Employer Phone #: _____

Instructions for reaching you: _____

Emergency Contacts if you cannot be reached (address/ phone # required)

Name	Address	Phone #	Relationship to Child

Authorized Persons to pick up child other than adults listed above (address/ phone # required)

***Persons authorized to pick up your child must show their photo ID**

Name	Address	Phone #	Relationship to Child

SSAP Medical Consent Form

Emergency/Authorization

I do hereby authorize Stepping Stones Adventure Preschool staff to contact directly the persons named on this emergency form, and do authorize the named physician and/or dentist or his/her associates to render treatment as may be deemed necessary in an emergency for the health of said child. In addition, in the event that I cannot be reached in a medical or dental emergency, I authorize treatment for my child to preserve life and prevent disability and/or minimize/repair trauma to the teeth, jaws, tongue and gums to begin without delay. In the event that the parent/guardian, or alternate person named on this form cannot be reached, Stepping Stones Adventure Preschool staff are hereby authorized to take whatever action is deemed necessary in their judgement for the health of this child including transporting the child to the necessary health care facility. I agree I am solely responsible for the payment of all costs resulting from the rendering of medical and ambulance services.

Parent/Guardian Signature: _____ Date: _____

Child's Name: _____ DOB: ____/____/____

Our Family Physician: _____

Physician Address: _____

Physician Phone #: _____

Dentist Name: _____

Dentist Address: _____

Dentist Phone #: _____

Our Hospital Preference: _____

Known Allergies: _____

Known Medical Conditions: _____

Medical Insurance Information

Policy Holder _____ Group# _____

Insurance Company _____

Insurance Phone # _____

Parent/Guardian#1 _____ Phone# _____

Parent/Guardian #2 _____ Phone# _____

Home Address: _____ City/Zip _____

Child and Family Information

This information is intended to help us understand your child, your family, and their development.

Child's Name: _____ Nickname: _____

Has your child attended a previous preschool or had previous child care?

Yes ☐ No ☐

If yes, what school or childcare? _____

What languages other than English does your child speak? What language do they understand best? _____

Who are the primary caregivers of the child including the parents? *(These are those who have significant contact with your child and/or who may participate in your child's care.)*

Name	Relationship to Child

Relationship with siblings:

Name	Age	Living with child?

Relationship with others living in the home:

Name	Age	Relationship to Child	Do they care for child?

Health History

Was your child born prematurely? ☐ No ☐ Yes If yes, how many weeks? _____

Please list the age in months your child crawled _____ walked _____

Please list the age your child spoke 1 word _____ 2 words together _____

Percentage of words you understand? _____

Percentage of words others understand _____

Please list any medical conditions _____

Current medications? (Explain):

If your child needs medication administered, prescriptions or over-the-counter, asthma inhalers and/or epi pens during preschool hours we MUST have a health care plan from your child's doctor prior to the start of school.

Operations, hospital stays, or serious injuries- please explain and include dates:

Please list any allergies and the nature of reaction: _____

Are there any activities that you prefer that your child NOT participate in? If so, please list: _____

A copy of an updated general health appraisal and an updated immunization record must be signed by your child's pediatrician and turned into us before their first day of school.

Development

How does your child communicate their needs?

What is your child's toilet routine? Words your child uses for urination/bowel movement?

Are there things your child is afraid of (i.e. loud noises, the dark)?

How does your child express anger, or react to frustration?

Please describe ways you comfort your child that will be helpful in the classroom.

How does your child express excitement or joy?

What are your child's interests? What do they enjoy doing?

What are your child's strengths?

What areas would you like to see growth? Goals you have while your child is at school?

Are there any other concerns or special information we should know while caring for your child?

Please list any holidays or special occasions you celebrate with your child and/or family:

Photo Release

At Stepping Stones Adventure Preschool, we strive to meet parent's wishes when providing care to their children. On occasion we may include photos of students in our weekly newsletters or take photos of your child for a keepsake gift for your family. We ask that you mark the appropriate place below so we can follow your wishes in this manner.

☐ I do give my permission for my child's picture to be taken for use in our weekly newsletters.

☐ I do give my permission for my child's picture to be taken for use on our SSAP social media pages.

☐ I do give permission for my child's picture to be taken for use for printed keepsake gifts.

Parent/Guardian

Signature _____ Date _____

School Therapy Dog Waiver/Release

I hereby agree for my child to hold Stepping Stones Adventure Preschool and their staff, including all individuals affiliated with their location at Green Mountain Presbyterian Church ("Releasees") harmless from any and all claims and/or damage (including medical fees and attorney fees) and causes of action of any nature for any and all personal and/or bodily injury or illness, which may occur to myself or my child/ren or which may be aggravated or caused by the negligence of others while interacting with Remi.

ASSUMPTION OF RISK: I on behalf of my minor child, assume any and all known and unknown risk of injury or illness, resulting from interacting with Remi, which may include, but is not limited to: scratching, nibbling, biting, heavy leaning, jumping, light brushing, and/or licking by Remi, and any unknown or known allergic reaction. I agree to abide by Stepping Stones Adventure Preschool policies and procedures as they specifically relate to Remi. If I have any questions as to conduct that is appropriate when interacting with Remi, I agree to ask Nicole Furney before engaging in such conduct.

If any injury and/or illness occurs while at Stepping Stones Adventure Preschool, I, on behalf of my minor child, hereby authorize Stepping Stones Adventure Preschool staff to contact the medical professional(s) listed on their enrollment form, or if the medical professional is unavailable or cannot be reached, to call 911 or the nearest hospital. I hereby give permission for emergency medical treatment to be administered as deemed necessary.

I, on behalf of my minor child, being informed of the above known risks, and acknowledging other potential unknown risks, have read the above waiver and release. I understand that by signing this agreement I, on behalf of my minor child/ren, am waiving certain legal rights.

Child Name: _____ Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Sunscreen/topical preparation permission

This form covers a variety of preventive topical preparations that may be applied to the skin with parent/guardian permission.

Child's Name: _____

Parent/Guardian Name: _____

I understand that I must provide the topical preparation in the original container labeled with my child's name and that no topical preparations will be applied to broken skin or if a skin reaction has been observed. It is my responsibility to check the ingredients to make sure my child is not allergic to it. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

Parent/Guardian Signature: _____ Date: _____

SUNSCREEN

I give my permission for the staff at Stepping Stones Adventure Preschool to assist with applying sunscreen to my child's exposed skin including the face, tops of ears, bare shoulders, arms, legs, and feet 30 minutes before outdoor activities. It is my responsibility to provide sunscreen with a minimum 15 SPF. In the event that my child does not have sunscreen with them, the school may apply.

Name of sunscreen to be applied: _____

☐ My child may NOT use any sunscreen other than the one that s/he brings.

Parent/Guardian Signature: _____ Date: _____

MOISTURIZING LOTION/CREAM/BALM

I give my permission for the staff at Stepping Stones Adventure Preschool to assist with applying or apply skin lotion/cream to my child.

Name of product: _____

Special instructions: _____

☐ My child may NOT use any other skin lotion/cream/balm than the one s/he brings.

Parent/Guardian Signature: _____ Date: _____

In-School Field Trip Authorization

I give consent for my child to attend in-school field trips (Fire Truck, Lakewood Police, Park Rangers, Butterfly Museum, etc). Parent/Guardian will be notified of upcoming in-school field trips before the scheduled day through newsletter and email communication.

Parent/Guardian Signature:_____ Date:_____

Parent Handbook and SSAP Policy Acknowledgment

I hereby acknowledge that I have received and read a copy of the Stepping Stones Adventure Preschool Parent Handbook, which includes ALL policies and procedures, and agree to abide by the policies outlined therein. I further acknowledge that these are subject to change at the discretion of Stepping Stones Adventure Preschool owners and directors.

Parent/Guardian Signature:_____ Date:_____