



Parent's Day Out Registration

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UMC-CORNERSTONE.ORG

Child's Name _____ M ___ F ___ DOB _____

Name Child shall be called in classroom _____

Parent(s) or Guardians(s) Names _____ Marital Status _____

Child Address _____

Street _____ City _____ Zip Code _____

Family Cell Phone # _____ Day Time (home) _____

Father's Place of Employment _____ Phone # _____

Mother's Place of Employment _____ Phone # _____

Home E-Mail Address _____

Emergency contact (name, address, phone) _____

Name, phone # of child's physician _____

Allergies/Special Needs that we should be aware of _____

Persons other than parent/guardian authorized to pick up child _____

Signature of Parent/Guardian _____

I give permission for my child to be included in photographs that may be used as publicity for the Stepping Stones program and give my waiver to such photographs.

Signature of Parent/Guardian: _____ Date: _____

I understand that Stepping Stones Early Childhood Program is a Christ centered program, prayers will be said before snack and children will be taught the love of God through Bible stories and the teaching of Christian Values.

Signature of Parent/Guardian: _____ Date: _____

Child's Physician: _____ Phone: _____

I give my permission for Stepping Stones staff to provide emergency medical care for my child in case of sudden illness or sudden injury while attending Stepping Stones. If ambulance needs to be called, I understand that my child will be transported to Provena St. Joseph Hospital. I agree to pay all medical fees and costs incurred under this consent.

Signature of Parent/Guardian: _____ Date: _____