



2024-2025
Parent's Day Out Mixed Age
41W170 Russell Road
Elgin, IL 60124
847.464.4673
steppingstones@umc-cornerstone.org
UMC-CORNERSTONE.ORG

Will Attend:
____ Mon. – Thurs.
____ Tues. & Thurs. only
____ Mon. & Wed. only

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: _____

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 Sherman Hospital. I agree to pay all medical fees and costs incurred under this consent.

Signature of Parent/Guardian: _____ Date: _____