



**2024-2025**  
**Parent's Day Out Pre-K Registration**  
41W170 Russell Road  
Elgin, IL 60124  
847.464.4673  
[steppingstones@umc-cornerstone.org](mailto: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: \_\_\_\_\_