

# CALDWELL ADVENTIST ELEMENTARY SCHOOL STEPPING STONES EARLY CHILDHOOD CENTER

## ENROLLMENT APPLICATION

Child lives with: <input type="checkbox"/>	Child's Full Name <span style="float: right;"><input type="checkbox"/> male <input type="checkbox"/> female</span>		Date of Birth	
	Mother's Name		Home Phone	
	Mother's Address		Cell Phone	
	City	ST/ZIP	Work Phone	
	Email			
	Mother's Employer	Address		
	<input type="checkbox"/>	Father's Name		Home Phone <i>(if different)</i>
		Father's Address <i>(if different)</i>		Cell Phone
		City	ST/ZIP	Work Phone
		Email		
Father's Employer		Address		
Pediatrician's Name		City	Phone	
#1 - Emergency Contact Friend/Relative		Daytime Phone		
#2 - Emergency Contact Friend/Relative		Daytime Phone		
List all persons authorized to pick up your child:				
Initials: _____ <i>I have received the Policies and Procedures, and agree to read and abide by the policies stated therein.</i>				
Initials: _____ <i>I state that my child is and has been in normal and good health and is free from communicable diseases. (Proof of up-to-date immunizations must be provided.)</i>				
Initials: _____ <i>I state that my child has completed or is in process of receiving immunizations and boosters as recommended by the Department of Public Health.</i>				
Initials: _____ <i>I give permission for my child to be included in any CAES and/or Stepping Stones ECC projects using photographs and audio/video recordings for print, display, video, audio, and/or website uses. (Children's last names are never used in electronic media or print materials.)</i>				
Parent's Signature			Date	

**A non-refundable Application Fee of \$40 per family  
must be paid at the time of enrollment.  
Please make checks payable to CAES.**