## **Stepping Stones School**

## Parents-Day-Out Application for Enrollment

DATE:

	f Child:abild	Boy Girl
		1?
CHIIQ´S BITU Allaaria 2	10ate:	_Height:Weight:
Allergies ? Pobovior Pro	yesno. II	f "yes", explain Special Needs: If "yes", explain:
Deliavioi 110	DDIEIII/HEARTH 1 TODIEIIIS/)	Special Needs If yes, explain
Potty Traine	d:yesno	
PARENTS:	Mother	E-Mail Address
	Address:	Home Phone #
	City:	Cell Phone#
	Where Employed?	<del>-</del>
	Work Phone #	Work Hours
		Where Attend
PARENTS:	Father	E-Mail Address
		Home Phone #
	City:	Cell Phone #
	Where Employed	
	<b>Work Phone #</b>	Work Hours
	Church Member:	Where Attend:
Name of Pers		or Parent in Case of Emergency: Home Phone #
		Work Phone #
_		Cell Phone #
Name of Phy	sician	
Office Phone	e#	
		Other Children in Family
		Diuthdata
Name		Birthdate

<sup>\*</sup>We reserve the right to accept or reject any applicant.

<sup>\*</sup>A \$20.00 Registration Fee per child is required with application. This is NON-REFUNDABLE.

<sup>\*</sup>After the first 2 weeks of school we cannot refund any tuition due to a child being called for Pre-K.

<sup>\*</sup>This Facility is not required to be licensed by the State. This is a Parents-Day-Out-Program.

<sup>\*</sup>Please complete the application fully. It cannot be accepted without a signature.

## **Stepping Stones School**

## **Notice to Parents and Public**

This facility, Stepping Stones School, West Sparta church of Christ is not required to be licensed by the State of Tennessee as a childcare facility.

Pursuant to TCA § 71-2-501 – 71-3-513

This is to certify that I have been advised and understand that the Parents-Day-Out is not licensed and is not required to be licensed by the State of Tennessee as a childcare agency.

Signature of Parent or Legal Guardian

\*\*\*Please call 837-3520 if you have any questions\*\*\*