



CDC/SGH# or name: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card**

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
------------------------------	--------------	----------------------------------

*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

In case of injury or sudden illness, I request that this individual be called first:	
---	--

The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
-------------------------------	--------------	-------



Child's Name: _____ Class: _____ Date: _____

Parent/Guardian Name: _____

Sickness policy—Stepping Stones Preschool

One of our main goals is to keep everyone at Stepping Stones Preschool healthy and safe. Individuals arriving with the following signs and symptoms, or who develop them while at school, cannot remain at school.

1. Children cannot attend if they have a fever of 100.4 or higher.
2. Children cannot attend if they have a temperature less than 100.4 but show other signs of illness, to include: Cough, runny nose, sore throat, red eyes, chills, body aches including headache, loss of taste or smell, vomiting, diarrhea, shortness of breath, untreated head lice, contagious disease of any kind, unknown skin rashes or open sores. We also ask that you not send your child when they are lethargic and cannot keep up with preschool activities.
3. Do not send your child if he/she has any abnormal health symptoms. Giving your child medication in hopes they will “make it through the day” is not acceptable.
4. In certain cases, especially with contagious diseases or unknown skin rashes, a doctor's note will be required before child can return to school.
5. If your child has asthma or environmental allergies, we require a note from a doctor. If the allergy causes continuous runny nose, nose blowing, excessive sneezing or your child is uncomfortable and unable to participate in preschool activities you will be called and your child may be sent home.
6. Conditions like allergies, eczema, medical conditions must be noted on the SSP Health Cards.

If your child develops signs and symptoms at school you will be contacted to pick-up your child. Your child will be isolated from others and cared for by a staff member or parent aide until picked up.

Any child presenting fever, signs or symptoms of illness must remain home until they are symptom free for 24 hours. This includes illnesses that started at home. **Children must be symptom free without medications for 24 hours.**

If you have a confirmed COVID diagnosis or if you or your child has been in close contact with someone who has tested positive for COVID please contact the office for the most up to date “return to school guidelines.” We will follow the current Maricopa County guidelines for quarantine in place at that time.

The above applies to all adults who are working with the children.

Acceptance of Sickness Policy

I have read, understand and accept the sickness policy for Stepping Stones Preschool.

Parent/Guardian Signature: _____ Date: _____



Early Intervention Plan and Procedure

Child's Name: _____ **Class:** _____ **Date:** _____

Parent/Guardian Name: _____

Stepping Stones Preschool believes strongly in the importance of early intervention because we value children as individuals with unlimited potential. A child that exhibits positive social behaviors has, in turn, later school success and develops effective skills for living in our society. Negative or disruptive interaction styles in young children may set up a pattern of delay in all areas of developmental growth. Research has proven about 90% of critical brain development occurs between the ages of one and five. Early intervention is critical to help children succeed.

It is our policy to notify parents when children exhibit behaviors outside of appropriate developmental standards. Persistent physical abuse of persons or property is never allowed and will be brought immediately to the family's attention. Together, as a team, we discuss strategies and goals to help with the concerns and behaviors. Our goal is to work together to find solutions for challenging behavior, rather than use suspension, expulsion and other exclusionary measures. SSP will comply with all federal and state civil rights laws.

Stepping Stones Preschool advocates cooperation within a timeline established by the team of staff and families. As a school we feel it is essential for all members of the team to support procedures. Appropriate community resources will be provided. When resources are shared, staff will document a course of action, expectations and time frame. Follow up meetings will be scheduled. After all possible interventions have been exhausted, the team may determine this environment does not meet the child's needs. At that time the family will be asked to terminate their enrollment. This allows the family to pursue a program that meets their child's learning needs. Stepping Stones strives to promote and provide a harmonious and safe atmosphere in which all children can grow and thrive.

Parent/Guardian Signature: _____ Date: _____



Child's Name: _____ Class: _____ Date: _____

Parent/Guardian Name: _____

Campus Permission Slip

There are times when children go with an adult volunteer or staff to areas of the campus that are outside of the fenced preschool area, for example to the kitchen or to our Fellowship Hall for lunch or an in-house field trip. We need to have your permission for your child to be included in these activities.

THEY ARE ALWAYS ACCOMPANIED BY AN ADULT, PARENT AIDE OR STAFF.

My child, _____ has my permission to go to areas on the campus that is outside of the fenced area this school year.

Parent/Guardian Signature: _____ Date: _____

Photo Release Form

Stepping Stones uses photos of children without names on our social media sites. Do we have permission to use your child's photo: **Yes I give permission:** _____ **No I do not:** _____

Parent/Guardian Signature: _____ Date: _____

Authorization for Staff Member to Sign in Student

Department of Health Services – Division of Childcare Licensing 306.A.1, requires a signature of an authorized "parent or individual designated in writing by the enrolled child's parent" to sign their student in/out daily. In the event I forget to sign my child in or out:

I, _____ authorize a Staff member of Stepping Stones Preschool to sign in my child _____ into Stepping Stones Preschool class each day as needed.

Parent/Guardian Signature: _____ Date: _____



This **Confidential Information** is read only by your child's teacher.

Name of Student: _____ Name to be called: _____

Date of Birth: _____ Address: _____

Best phone number to be reached at: _____ (Home/Cell)

Has child had previous school experience? _____ (Y/N) Where: _____

Reason for leaving: _____

Father's name: _____ Age: _____ Occupation: _____

Mother's name: _____ Age: _____ Occupation: _____

Who does your child live with? _____

Please list others persons in the home:

Name - If child add age

Relationship to child

Name - If child add age	Relationship to child
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Cultural/Ethnic Background of your family: _____ Language(s) spoken at home: _____

Do you have any religious holidays or family customs that you would like to share with your child's class? If so, describe: _____

What do you enjoy most about your child? _____

What social activities does the family enjoy together? _____

How would you describe your child's usual disposition? _____

What is your child's strongest skill area? _____

(Circle One)

When your child is exposed to a new concept he/she?

Likes a challenge and will keep trying until he/she accomplishes it.

Tries something new, but gives up easily.

Looks at something new and needs lots of encouragement to continue.

Doesn't like to try anything new and avoids whenever possible.

In a new social situation, your child is?

Shy and sticks close to a familiar adult.

Excited and seems happy to explore the situation.

Anxious, shuts down.

When your child is frustrated/mad/sad?

He or she wants justice right away.

He or she needs a few minutes to process the problem alone.

He or she can listen to problem solving ideas and selects a possible solution.

He or she avoids any confrontation.

Any insight on your child's learning style you would like to share with me? _____

Do you have any concerns/issues you would like to share with me about your child's eating, sleeping or bathroom habits? _____

Has anything happened recently in your child's life that might have an effect on him/her? (For example: changes in the family, separation or divorce, new siblings, moving, etc.)? _____

Has your child ever been recommended for an evaluation because of any concerns you or your pediatrician/childcare provider have expressed. (For example; hearing, vision, speech, occupational, behavioral, etc.)?

Yes/no _____

Outcome: _____

What goals do you have for your child while in preschool? _____

Is there anything else we need to know? _____

Parent/Guardian Signature: _____ Date: _____

GENERAL WAIVER AND RELEASE of LIABILITY

Child's Name: _____ Class: _____ Date: _____

Parent/Guardian Name: _____

I/We, _____, the parent(s) {guardian(s)} of _____,

Give permission for him/her to participate and engage in the day to day activities of Stepping Stones Preschool located on the premises of FOOTHILLS CHRISTIAN CHURCH. On behalf of _____ I/WE HEREBY WAIVE AND RELEASE FOOTHILLS CHRISTIAN CHURCH (hereinafter the "released party") from any and all liability to the above/or named minor and/or me/us. I am fully aware of the risks involved in such above-mentioned activities, and on behalf of such minor, release from liability FOOTHILLS CHRISTIAN CHURCH, and waive any claims such minor or I/we may have as a result of an accident, mishap or negligence of the Released Party and/or any other party under or affiliated with the Released Party.

This waiver and release of liability shall be binding on said minor, myself, his or her heirs, assigns and next of kin, and shall extend to the benefit of Released Party and its successors and assigns. By this waiver, I/We, the parent(s) of said minor, assume the risk, and take full responsibility and waive any and all claims of personal injury, damage to personal property or death or dismemberment relating to all activities undertaken while enrolled in Stepping Stones Preschool, which is located at FOOTHILLS CHRISTIAN CHURCH, located at 3951 W. Happy Valley Road, in the city of Phoenix, county of Maricopa, State of Arizona, including, but not limited to, any activities while said minor is physically on such premises.

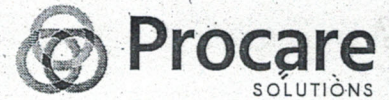
To the best of my knowledge, the above mentioned minor does not have any physical limitations, medical ailments, physical or mental disabilities that prevent him or her from participating in the above mentioned activities.

I HAVE READ AND FULLY AGREE TO THE TERMS OF THIS WAIVER AND RELEASE. I UNDERSTAND AND CONFIRM THAT BY SIGNING THIS WAIVER AND RELEASE THAT I HAVE GIVEN UP CERTAIN FUTURE LEGAL RIGHTS THAT THE ABOVE NAMED MINOR AND/OR I/WE MAY HAVE AGAINST THE RELEASED PARTY, MY/OUR SIGNATURE(S) BELOW IS/ARE PROOF OF MY INTENTION TO EXECUTE A COMPLETE AND UNCONDITIONAL WAIVER AND RELEASE OF ALL LIABILITY TO THE FULL EXTENT OF THE LAW.

I/we declare that the foregoing is true and correct. Signed this ____ day of _____, 20 ___, in the county of Maricopa, State of Arizona.

Parent/Guardian Signature: _____

Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) Stepping Stones Preschool Ltd. to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

SECTION B (Bank Account)

Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			



ROUTING NUMBER ACCOUNT NUMBER CHECK NUMBER

FOR OFFICIAL USE ONLY

Date Received
Employee Signature



We Need Your Help!

Stepping Stones is a not-for-profit school. Our success relies heavily on the helping hands of our students' parents and caregivers. There are many ways you can help support our school. We realize many families have time constraints and respect that. Please review the volunteer opportunities suggested below and check mark any that are of interest.

Please complete this form and return to front office no later than **Friday, August 18th**. We will reach out about how you can help. Thank you for your time and consideration!

Name: _____ Student Name: _____

E-Mail: _____

Occupation: _____

Phone: _____ Preferred time to reach you? _____

Is it okay to send you text messages? Yes No

Volunteer to help with:

- BookFair/Family Night (1st week of Oct)
- Make-It (Oct)
- Holiday Pajamagrams (Last week of November/1st week December)
- Santa Letters (Last week of November/1st week December)
- Hot Dog Lunch (One in Fall Oct/Nov and One in Spring March/April)
- Hearing and Vision Screening. (Fall)
- Community Heroes Week (March, after spring break)
- Flowers for Teachers (Feb & May)
- Class Pictures (Late February).
- Teacher Appreciation (1st week of May)
- Ice Cream Social (April).
- Help with Stepping Stones maintenance tasks.
- Suggest or Organize a school fundraiser. _____
- I have access to a unique resource that might be a great fit for the school/in-house field trip idea. (Ex, dance or yoga instructor, theater group, art enthusiast, sport coach, etc)
- A talent, interest, or hobby of mine that would be beneficial to Stepping Stones Preschool: _____

- Sponsorship/Fundraising through my business: Please contact me regarding a donation opportunity from my business. Business Name and Type: _____

- Want to be even more hands on? Join the Parent Board! General meetings are the second Tuesday of the month at 6:30 pm. If you want more info sent to you, check the box.