

Stepping Stones Preschool

Nursery

Child's Name: _____ Nickname: _____

Birthdate: _____ Age: _____

Sibling Name: _____ Sibling's Teacher/Day: _____

Drop off/pick-up names and relationship to child:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

YES NO

Allergies: _____

Medical or developmental concerns: _____

Diapers

Potty training

Baby Wearing (Carrier, wrap, etc)

Pacifier

Other soothing devices: _____

Morning naps—Time: _____

Please Check the primary way the child is to be fed during their time in the nursery

Bottle fed: Time: _____ Temperature: _____

Formula Breast Milk

Milk Other: _____

Breast fed: Time: _____

Sippy Cup/Straw Cup

Standard cup

Solid foods

Snack served at school

Snack brought with child

Any other important information



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

| |
|--|
| Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs: |
| Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions: |
| Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure: |
| 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 If yes, list precautions: |
| Additional comments: |
| Other special instructions: |

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: _____



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: _____