



Stepping Stones Preschool

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Parent Information and Immunization Verification Form

Parent Information:

Name: _____

Child's Name: _____

Parent's Date of Birth: _____

Address: _____

City/State: _____

Zip Code: _____

Home Phone: _____

Cell Phone: _____

In case of emergency, please notify (in case something happens to YOU, not your child):

Name: _____ Phone: _____

Address: _____

Your Physician: _____ Phone: _____

Immunization Verification:

In compliance with Arizona State Law, the undersigned hereby testifies that, to the best of his/her knowledge, immunization against measles, rubella, diphtheria, mumps and pertussis are current.

Date: _____

Signed: _____