

Stepping Stones

SCHOOL AT RIVER LIFE

Enrollment Application

Child's Last Name: _____ First _____ MI _____

Home address: _____ City _____ Zip _____

Name Child Goes by: _____ Circle: M / F Date of Birth: _____

Mother/Guardian: _____

Employer _____

Work phone _____ Cell phone _____

Email address _____

Father/Guardian: _____

Employer _____

Work phone _____ Cell phone _____

Email address _____

Child lives with _____ Custody arrangements? ___ Yes ___ No

River Life Covenant Church Member? ___ Yes ___ No

PREFERRED DAYS OF ATTENDANCE (please circle):

M T W Th F

Half Day / Full Day

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY AND PICK UP

Please list parents and three additional contacts. Your child will not be allowed to leave with any other adult without prior written authorization from parent. Please remind contacts to bring a picture I.D. at pick up.

Name _____ Relationship _____

Phone Number(s) _____

Name _____ Relationship _____

Phone Number(s) _____

Name _____ Relationship _____

Phone Number(s) _____

Name _____ Relationship _____

Phone Number(s) _____

Name _____ Relationship _____

Phone Number(s) _____

MEDICAL INFORMATION

Primary Doctor _____ Phone Number: _____

Address: _____

Dentist _____ Phone Number: _____

Does your child currently have medical insurance? Yes No If yes, please state the Insurance carrier & number: _____

Please list any health concerns for your child: _____

Please list any allergies: _____

Does your child have asthma? Is medication required at school?

Does your child have an Epi-Pen?

Parent Signature _____ Date _____

PHOTO RELEASE

Stepping Stones School at River Life requests your permission to reproduce through printed, audio, visual, or electronic means activities in which your child has participated in his/her education program. Your authorization will enable us to use specially prepared materials to promote our school through the use of mass media, displays, brochures, websites, etc.

1. I, the parent of _____ (child's name), fully authorize and grant Stepping Stones School at River Life and its authorized representatives, the right to print, photograph, record, and edit as desired the above named child on audio, video, file, slide, or any other electronic and printed formats, currently developed, (known as "Recordings"), for the purposes stated or related to the above.
2. I understand and agree that the use of such Recordings will be without any compensation to the child or the child's parent or guardian.
3. I understand and agree that Stepping Stones School at River Life and/or its authorized representatives shall have the unlimited right to use the Recordings for any purposes stated or related to the above.
4. I hereby release and hold harmless Stepping Stones School at River Life and its authorized representatives from any and all actions, claims, damages, costs, or expenses, including attorney's fees, brought by the child and/or parent or guardian which relate to or arise out of any use of these Recordings as specified above.

My signature shows that I have read and understand the release, and I agree to accept its provisions.

Signature of Parent/Guardian _____ Date _____

Granting permission is voluntary