

STEPPING STONES PROGRAM
400 W. NEBRASKA STREET
FRANKFORT, IL. 60423
(815) 464-5579

APPLICATION FOR ADMISSION

Child's name _____ Date of birth _____

Address (street, town, zip.) _____

Phone (____) _____ Cell phone or pager _____

Marital status of parents _____

Father's / Guardian's name _____

Address _____

Employer's name and address _____

Mother's / Guardian's name _____

Address _____

Employer's name and address _____

Child's Physician's name _____

Address _____ Phone (____) _____

Emergency Contacts other than parent / guardian

1) Name _____ Phone (____) _____

Address _____

2) Name _____ Phone (____) _____

Address _____

Authorized person to pick child up

1) Name _____ License Plate # _____

Color / Make of vehicle _____

2) Name _____ License Plate # _____

Color / Make of vehicle _____

Parent / Guardian signature _____ Date _____