

# Enrollment Application

## Child Information

**Stepping Stones Academy**  
...itty bitty steps towards success

Date: \_\_\_\_\_

Name of Child:		Date of Birth:	Gender:
Street Address:			
City:	State:	Zip Code:	Telephone:
Parent's primary email address (for internal correspondence only):			
Name of Elementary School Attending:			

## Enrollment Information

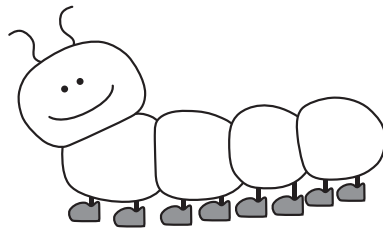
Date Attendance Will Begin: *	Days and Duration of Attendance:
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## Parent Information - Mother

Mother's Name:			
Home Phone:	Cell Phone:	Email Address:	
Home Address (if different from child):			
Employer:		Work Hours:	
Street Address:			
City	State:	Zip Code:	Work Telephone:

## Parent Information - Father

Father's Name:			
Home Phone:	Cell Phone:	Email Address:	
Home Address (if different from child):			
Employer:		Work Hours:	
Street Address:			
City	State:	Zip Code:	Work Telephone:



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## Vehicle Emergency Medical Information

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Person to notify in an emergency and parents cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Medical facility the center uses \_\_\_\_\_

Address \_\_\_\_\_

Child's Allergies \_\_\_\_\_

Current prescribed medication \_\_\_\_\_

Child's special needs and conditions \_\_\_\_\_

In the event of an emergency involving my child, and if \_\_\_\_\_

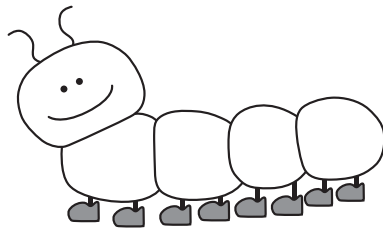
Name of Facility

cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name \_\_\_\_\_

Signature (Parent/Guardian) \_\_\_\_\_

Witness By \_\_\_\_\_ Date \_\_\_\_\_



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## School Transportation Agreement

Date: \_\_\_\_\_

### Child Information

Name of Child:	
Name of School Attending:	Approximate # of Miles From School:

### Authorization

I hereby grant Stepping Stones Academy permission to transport my child to and/or from school as follows (check authorized transportation):

( ) From the above referenced school at approximately 2:30 pm (or the appropriate dismissal time) to SSA at approximately 3:00 pm and be received by authorized staff members.

Such transportation is authorized on the following days (circle days that apply):

Monday    Tuesday    Wednesday    Thursday    Friday

In the event that my child is not to be transported as authorized above, I agree to notify Stepping Stones Academy.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Family Information

Marital Status of Parents:	Names of Brothers & Sisters:
Stepfather's Name:	Stepmother's Name:
Is your child adopted?	Do they know?
Child's Living Arrangements: Both Parents ( ) Mother ( ) Father ( ) Other:	
Child's Legal Guardian(s): Both Parents ( ) Mother ( ) Father ( ) Other:	
Are there any social or family circumstances that Stepping Stones Academy should be aware of?	

## Health Information

Describe any health conditions or other situations concerning your child which Stepping Stones Academy should be aware that would require special procedures to be followed. Please include physical or mental issues that may limit the child's participation in programs and/or activities and any dietary restrictions.
Please list any and all allergies.
Please list any dietary restrictions:
What protocol should be taken if allergic reaction occurs?
Please list any medication(s) prescribed for long-term, continuous use:
Please list any general health issue(s) we should be aware of:

## Physician Information

Name and telephone of the physician / clinic you wish for us to contact in an emergency situation:	
Physician / Clinic Name:	Telephone Number:

## Emergency Contacts

Persons whom you authorize Stepping Stones Academy to contact for guidance in a medical or other emergency if the child's parents/guardians can not be reached:		
Name:	Relationship to Child:	Telephone:
Name:	Relationship to Child:	Telephone:
Name:	Relationship to Child:	Telephone:

## Release Authorization

Please list the persons other than the parent/guardian to whom Stepping Stones Academy is authorized to release your child. Stepping Stones Academy will not release your child to anyone that is not identified below without written, signed authorization from the parent/guardian. Changes to this list of persons appearing below will be made, signed and dated on this form or shall be attached. The parent/guardian agrees that he/she will be certain the staff is aware of the child's arrival and departure each day and to escort their child into and out of the school when dropping off or picking up. Stepping Stones Academy will not allow any child to enter or leave without an escort.

Name:	Relationship to Parent / Guardian:	Relationship to Child:
Address:		Telephone:
Name:	Relationship to Parent / Guardian:	Relationship to Child:
Address:		Telephone:

## Agreement

I hereby agree with any and all statements and provisions made herein. I hereby further attest that all the information I have provided herein is true and accurate to the best of my knowledge and that I shall notify Stepping Stones Academy of any changes in timely manner.

Mother/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Enrollment Agreement

## Program Information

Date: \_\_\_\_\_

Name of Child:		
Program:	Days of Attendance:	Weekly Tuition Amount:
Date Attendance Will Begin: *	Signature:	

## Fees

Fee/Charge	Amount	Provisions
Registration & Enrollment Fee	\$375.00 per child \$75 each additional child	Nonrefundable Paid within 24 hours of acceptance of opening
Tuition <i>*Date to start</i>	As stated herein	Due weekly on MONDAY for the upcoming week Meals included based on Program (breakfast, lunch & afternoon snack) <i>* Must start on the date or spot will be given away, or weekly tuition paid</i>
Vacation Time	Vacation Week- 50% off week after 6 months of enrollment	Each family earns a 50% off week every 6 months and it must be used within 1 calendar year. Families must submit a vacation request through our website 2 weeks prior to travel.
Field Trip & Summer Camp	As published	Charged on a per event basis
Late Payment Charge	\$10.00 per day	Assessed if account balance is unpaid as of Monday at 12 p.m.
Late Pickup Charge	\$50.00 if checked out after 6:01	If child remains on school premises past normal operating hours 7:00am-6:00pm
SSA Holidays & School Closure	SSA Holiday Closures- normal tuition weekly rate- no discounts	SSA observes Federal Holidays and staff development days. Please see our website calendar for all the dates we are closed- kidslovessacom
Accounts ten (10) or more days delinquent shall result in suspension until such time as account balance is paid in full. Accounts thirty (30) or more days delinquent may result in disenrollment. We reserve the right to increase tuition and other charges upon one month's prior written notice.		
ABSENCES- Tuition must be paid in full without deduction for absences of any duration or for any cause, and without substitution of other days of attendance as "make-up" days. We offer a 50% off vacation week after 6 months of enrollment, must use within one calendar year.		
WITHDRAWAL- The obligation for full payment of tuition continues until the date indicated by the parent or guardian as the date of withdrawal. The parent or guardian agrees to furnish SSA with at least 30 (thirty) days written notice of such date of withdrawal.		
Acceptable forms of payment for all fees are cash, check, or online ACH payments.		

Stepping Stones Academy is open Monday – Friday  
7:00am-6:00pm 12 months a year

Child Information



Emergency Medical & Transportation Agreement

Date: \_\_\_\_\_

Name of Child:		Date of Birth:	Gender:
Street Address:			
City:	State:	Zip Code:	Telephone:
Name of Elementary School Attending (if any):			
Allergies or Medical Conditions:			
Current Prescribed Medication:			

Parent Contact Information

Mother's Name:	Home Phone:	Work Phone:	Cell Phone:
Father's Name:	Home Phone:	Work Phone:	Cell Phone:

Physician Information

Physician Name:	Telephone:
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Emergency Contacts

Persons whom you authorize Stepping Stones Academy to contact for guidance in a medical or other emergency if the child's parents/guardians can not be reached:		
Name:	Relationship to Child:	Telephone:
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