

# Stepping Stones Academy

...itty bitty steps towards success

## Vehicle Emergency Medical Information

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

Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's E-Mail \_\_\_\_\_

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

Mother's Name \_\_\_\_\_ Mother's E-Mail \_\_\_\_\_

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 Stepping Stones Academy 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.

Emergency Contact:

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: \_\_\_\_\_

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

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

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



Program Information

Enrollment Agreement

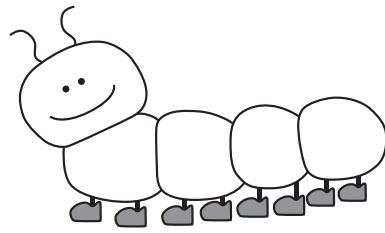
Date: \_\_\_\_\_

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	As stated herein	Due weekly on MONDAY for the upcoming week Meals included based on Program (breakfast, lunch & afternoon snack)
Vacation Time	50% off week	Each family earns a 50% off week every 6 months, must use within 1 calendar year.
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 6:31	If child remains on school premises past normal operating hours of 6:30 am- 6:30pm.
Returned Check Fee/Insufficient Funds	\$35.00 per occurrence	Multiple occurrences of returned checks may result in cash payment being required until such time as consistent, on-time payment record is restored
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  
6:30 am - 6:30 pm 12 months a year.



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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: \_\_\_\_\_