

stepping stones

An Early Childhood Learning Center

AFTER SCHOOL PROGRAM REGISTRATION FORM SCHOOL YEAR 2017-2018

Child's Name (last): _____ (first): _____ Date of Birth ____/____/____ Male Female

Home Address _____ City _____ State _____ Zip Code _____

Child lives with: _____ Number of Siblings: _____ Names and Ages: _____

Child Attends P.S. 185 Other _____ School Dismissal Time: _____ Return Student Yes No Grade: _____

Legal Guardians are Unmarried Married Separated Divorced Other _____

Parent/Guardian 1 <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	Parent/Guardian 2 <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other
First & Last Name	First & Last Name
Address (if different)	Address (if different)
Home Phone #	Home Phone #
Work Phone #	Work Phone #
Cell Phone #	Cell Phone #
Email	Email
Occupation	Occupation
Employment Address	Employment Address

●● A new health examination form must be completed and signed by a physician within 12 months of attending the program.

Child Physician Name and Contact Number: _____

Medical Conditions, allergies (Explain): _____

Life-threatening allergies No Yes (explain) _____ Epi Pen Yes No

Receiving Special Services: Speech/Language Occupational Physical Therapy SEIT Special Instruction For how many months? _____

Primary Emergency Contact (other than Parent/Guardian):

Name _____ Relationship to child: _____ Phone: _____

Name _____ Relationship to child: _____ Phone: _____

Fees/Payment Information A \$125 NON-REFUNDABLE Registration Fee is due. Registration fees are not applied to tuition. The first payment of tuition will be required by September 1, 2016. Monthly tuition is due on the 1st of each month. A \$25 late fee will be assessed on monthly tuitions paid after the 5th of each month. There will be no change of fees due to absence, late arrival, late registration, withdrawal, dismissal or school closures. Please adhere to the scheduled days chosen. Schedules will not be adjusted unless given prior approval. Additional rates are set aside for coverage when your child's school is closed for half-days or holidays. Sibling rate is discounted 10% off each additional child's monthly tuition of equal or lesser value. We offer a licensed and experienced staff, daily art activities, nutritional snacks, play centers in the classroom and homework help. Please note that your child will have help with his or her homework. Homework will not be checked for complete accuracy. Parents should still check over the homework every night.

TUITION SCHEDULE (please choose)	2:30 to 4:30pm	2:30 to 5:30pm	2:30 to 6:30pm
Five Day (Monday through Friday)	<input type="checkbox"/> \$325	<input type="checkbox"/> \$425	<input type="checkbox"/> \$525

Registration Fee for currently enrolled student \$100.00 Date Fee Paid _____

Registration Fee for new students \$125.00 Date Fee Paid _____

I, the parent/guardian of the above named child, do hereby authorize the directors, teachers and employees of Stepping Stones to contact the persons named on this form, and do authorize the named physician or his/her associates to render such treatment as may be deemed necessary in an emergency for the health of my child. I understand that every effort will be made to notify me immediately in case of such an emergency. In the event the parents or other persons named on this form cannot be reached, the directors, and/or teachers and employees are hereby authorized to take whatever action is deemed necessary in the judgment for the health of my child. I agree to be completely responsible for all medical expenses, payments of debts, or bills incurred with the injury or any illness of my child. Furthermore, I consent to my child participating in walks in the neighborhood at any given time of day. I hereby also grant consent for the compilation, maintenance and use of auditory, video graphic, photographic and other materials pertaining to my child's activities during his or her time at Stepping Stones. I understand that it will be used for school purposes only. Consent is also permitted for my child to be picked up from their school and walked to Stepping Stones. I allow my child to be taken to the school yard and/or park on weather permitted days to conduct outdoor activities. I agree to the above payment conditions and information.

Parent/Guardian Name (Printed): _____ Date: _____

Signature: _____ Relation to child: _____

EMAIL ADDRESS: steppingstones86@aol.com

Hourly Emergency Rate \$10 per hour \$20 per half day early pick up (early school closure) \$40 per whole day (8:00-2:30pm)