

# stepping stones

An Early Childhood Learning Center

## SUMMER SESSION REGISTRATION FORM and CHILD INFORMATION FORM Children Born 2011

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: \_\_\_\_\_

Medical Conditions / Life Threatening Allergies: \_\_\_\_\_ Epi Pen  Yes  No

**PLEASE CHOOSE YOUR SUMMER SESSION:**

**MINI-SESSION WEEK of June 26<sup>th</sup> to June 30<sup>th</sup> ○ Monday through Friday 8-4pm \$550**

**SESSION ONE** ○ July only (July 5<sup>th</sup> to July 31<sup>st</sup>)

**SESSION TWO** ○ August only (August 1<sup>st</sup> to August 25<sup>th</sup>)

**8 WEEK SUMMER SESSION** ○ ALL summer (Session one and Session two-discounted 5%)

**ADDITIONAL OPTION with SESSION ONE** ○ Only available along with Session One –Pick any additional week in August

Days of the Week for <b>SENIORS GROUP</b> at 245 86 <sup>th</sup> Street • Children born in 2011	Schedule Time	Session <u>One</u> Tuition for July 5 <sup>th</sup> to July 31 <sup>st</sup> only	Session <u>Two</u> Tuition for August 1 <sup>st</sup> to August 25 <sup>th</sup> only	8 week <u>Summer</u> <u>Session</u> Tuition for July 5 <sup>th</sup> to August 25 <sup>th</sup>	Additional <u>Option with</u> <u>Session One</u> Weekly tuition for August- can only be used along with Option One
Monday through Friday	8:30am to 3:30pm	\$1396	\$1396	\$2652	\$349
Monday, Wednesday, Friday	8:30am to 3:30pm	\$1096	\$1096	\$2082	\$274
Tuesday and Thursday	8:30am to 3:30pm	\$768	\$768	\$1459	\$192
Monday through Friday	8:45am to 11:45am	\$904	\$904	\$1718	\$226
Monday, Wednesday, Friday	8:45am to 11:45am	\$692	\$692	\$1315	\$173
Tuesday and Thursday	8:45am to 11:45am	\$484	\$484	\$920	\$121
<b>Extended Hours for all Classes</b> Please circle the specific days	<u>Schedule Time</u>	<u>Session One</u>	<u>Session Two</u>	<u>8 week Summer Session</u>	<u>Additional Option with Session One</u>
Five Days a Week (M-F)	7:00am to 6:30pm	\$304	\$304	\$578	\$76
Three Days a Week (M,T,W,Th,F)	7:00am to 6:30pm	\$188	\$188	\$357	\$47
Two Days a Week (M,T,W,Th,F)	7:00am to 6:30pm	\$120	\$120	\$228	\$30
Five Days a Week (M-F)	7:00am to when class begins	\$172	\$172	\$327	\$43
Three Days a Week (M,T,W,Th,F)	7:00am to when class begins	\$100	\$100	\$190	\$25
Two Days a Week (M,T,W,Th,F)	7:00am to when class begins	\$80	\$80	\$152	\$20
Five Days a Week (M-F)	when class ends to 6:30pm	\$204	\$204	\$388	\$51
Three Days a Week (M,T,W,Th,F)	when class ends to 6:30pm	\$120	\$120	\$228	\$30
Two Days a Week (M,T,W,Th,F)	when class ends to 6:30pm	\$100	\$100	\$190	\$25

*If you are registering more than one child, a sibling discount of 5% will be applied to each additional child's tuition fees of equal or lesser value.*

**Mini Camp Fee**

**Summer Session Fee**

**Extended Day Fee**

**Total Summer 2017 Fee**

**Registration Fee**

Registration fee is non-refundable and not applied to tuition

**Security Deposit (50% of Total Tuition Due March 1, 2017)**

Refundable until June 1, 2017. There will be no change of fees due to withdrawal, lateness, or camp closure.

**Balance due on May 1, 2017**

A 3% late fee will be assessed after June 1, 2017. Trip fees are not included in tuition.

**Summer Session Tuition**

\$	
\$	
\$	
\$	
\$125	Date Paid _____
\$	Date Paid _____
\$	

**Parent/Guardian 1**    Mother    Father    Other

Legal Guardians are  Unmarried    Married    Separated    Divorced    Other

First & Last Name \_\_\_\_\_

Address (if different) \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Mobile Phone # \_\_\_\_\_

Email \_\_\_\_\_

Occupation/Employment Address \_\_\_\_\_

**Parent Guardian 2**    Mother    Father    Other

Legal Guardians are  Unmarried    Married    Separated    Divorced    Other

First & Last Name \_\_\_\_\_

Address (if different) \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Mobile Phone # \_\_\_\_\_

Email \_\_\_\_\_

Occupation/Employment Address \_\_\_\_\_

●● A new health examination form must be completed and signed by a physician.

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.

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

Signature: \_\_\_\_\_ Relation to child: \_\_\_\_\_

- stepping stones nursery school • 245 86<sup>th</sup> street • brooklyn, new york 11209 • p.718-630-1000 • f.718-630-1446
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# stepping stones

An Early Childhood Learning Center

## SUMMER SESSION REGISTRATION FORM and CHILD INFORMATION FORM Children Born 2012

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: \_\_\_\_\_

Medical Conditions / Life Threatening Allergies: \_\_\_\_\_ Epi Pen  Yes  No

**PLEASE CHOOSE YOUR SUMMER SESSION:**

**MINI-SESSION WEEK of June 26<sup>th</sup> to June 30<sup>th</sup> ○ Monday through Friday 8-4pm \$550**

**SESSION ONE** ○ July only (July 5<sup>th</sup> to July 31<sup>st</sup>)

**SESSION TWO** ○ August only (August 1<sup>st</sup> to August 25<sup>th</sup>)

**8 WEEK SUMMER SESSION** ○ ALL summer (Session one and Session two-discounted 5%)

**ADDITIONAL OPTION with SESSION ONE** ○ Only available along with Session One –Pick any additional week in August

Days of the Week for <b>JUNIORS GROUP</b> at 9321 Ridge Blvd • Children born in 2012	Schedule Time	Session <u>One</u> Tuition for July 5 <sup>th</sup> to July 31 <sup>st</sup> only	Session <u>Two</u> Tuition for August 1 <sup>st</sup> to August 25 <sup>th</sup> only	8 week <u>Summer</u> <u>Session</u> Tuition for July 5 <sup>th</sup> to August 25 <sup>th</sup>	Additional <u>Option with</u> <u>Session One</u> Weekly tuition for August- can only be used along with Option One
Monday through Friday	8:30am to 3:30pm	\$1396	\$1396	\$2652	\$349
Monday, Wednesday, Friday	8:30am to 3:30pm	\$1096	\$1096	\$2082	\$274
Tuesday and Thursday	8:30am to 3:30pm	\$768	\$768	\$1459	\$192
Monday through Friday	8:45am to 11:45am	\$904	\$904	\$1718	\$226
Monday, Wednesday, Friday	8:45am to 11:45am	\$692	\$692	\$1315	\$173
Tuesday and Thursday	8:45am to 11:45am	\$484	\$484	\$920	\$121
<b>Extended Hours for all Classes</b> Please circle the specific days	<b>Schedule Time</b>	<b>Session <u>One</u></b>	<b>Session <u>Two</u></b>	<b>8 week <u>Summer</u> <u>Session</u></b>	<b>Additional <u>Option with</u> <u>Session One</u></b>
Five Days a Week (M-F)	7:00am to 6:30pm	\$304	\$304	\$578	\$76
Three Days a Week (M,T,W,Th,F)	7:00am to 6:30pm	\$188	\$188	\$357	\$47
Two Days a Week (M,T,W,Th,F)	7:00am to 6:30pm	\$120	\$120	\$228	\$30
Five Days a Week (M-F)	7:00am to when class begins	\$172	\$172	\$327	\$43
Three Days a Week (M,T,W,Th,F)	7:00am to when class begins	\$100	\$100	\$190	\$25
Two Days a Week (M,T,W,Th,F)	7:00am to when class begins	\$80	\$80	\$152	\$20
Five Days a Week (M-F)	when class ends to 6:30pm	\$204	\$204	\$388	\$51
Three Days a Week (M,T,W,Th,F)	when class ends to 6:30pm	\$120	\$120	\$228	\$30
Two Days a Week (M,T,W,Th,F)	when class ends to 6:30pm	\$100	\$100	\$190	\$25

*If you are registering more than one child, a sibling discount of 5% will be applied to each additional child's tuition fees of equal or lesser value.*

**Mini Camp Fee**

**Summer Session Fee**

**Extended Day Fee**

**Total Summer 2017 Fee**

**Registration Fee**

Registration fee is non-refundable and not applied to tuition

**Security Deposit (50% of Total Tuition Due March 1, 2017)**

Refundable until June 1, 2017. There will be no change of fees due to withdrawal, lateness, or camp closure.

**Balance due on May 1, 2017**

A 3% late fee will be assessed after June 1, 2017. Trip fees are not included in tuition.

**Summer Session Tuition**

\$	
\$	
\$	
\$	
\$125	Date Paid _____
\$	Date Paid _____
\$	

**Parent/Guardian 1**    Mother    Father    Other

Legal Guardians are  Unmarried    Married    Separated    Divorced    Other

First & Last Name \_\_\_\_\_

Address (if different) \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Mobile Phone # \_\_\_\_\_

Email \_\_\_\_\_

Occupation/Employment Address \_\_\_\_\_

**Parent Guardian 2**    Mother    Father    Other

Legal Guardians are  Unmarried    Married    Separated    Divorced    Other

First & Last Name \_\_\_\_\_

Address (if different) \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Mobile Phone # \_\_\_\_\_

Email \_\_\_\_\_

Occupation/Employment Address \_\_\_\_\_

●● A new health examination form must be completed and signed by a physician.

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.

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

Signature: \_\_\_\_\_ Relation to child: \_\_\_\_\_

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# stepping stones

An Early Childhood Learning Center

## SUMMER SESSION REGISTRATION FORM and CHILD INFORMATION FORM Children Born 2013

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: \_\_\_\_\_

Medical Conditions / Life Threatening Allergies: \_\_\_\_\_ Epi Pen  Yes  No

**PLEASE CHOOSE YOUR SUMMER SESSION:**

**MINI-SESSION WEEK of June 26<sup>th</sup> to June 30<sup>th</sup> ○ Monday through Friday 8-4pm \$550**

**SESSION ONE** ○ July only (July 5<sup>th</sup> to July 31<sup>st</sup>)

**SESSION TWO** ○ August only (August 1<sup>st</sup> to August 25<sup>th</sup>)

**8 WEEK SUMMER SESSION** ○ ALL summer (Session one and Session two-discounted 5%)

**ADDITIONAL OPTION with SESSION ONE** ○ Only available along with Session One –Pick any additional week in August

Days of the Week for <b>PRESCHOOLERS GROUP</b> at 245 86 <sup>th</sup> Street	Schedule Time	Session <u>One</u> Tuition for July 5 <sup>th</sup> to July 31 <sup>st</sup> only	Session <u>Two</u> Tuition for August 1 <sup>st</sup> to August 25 <sup>th</sup> only	8 week <u>Summer</u> <u>Session</u> Tuition for July 5 <sup>th</sup> to August 25 <sup>th</sup>	Additional <u>Option with</u> <u>Session One</u> Weekly tuition for August- can only be used along with Option One
Monday through Friday	8:30am to 3:30pm	\$1396	\$1396	\$2652	\$349
Monday, Wednesday, Friday	8:30am to 3:30pm	\$1096	\$1096	\$2082	\$274
Tuesday and Thursday	8:30am to 3:30pm	\$768	\$768	\$1459	\$192
Monday through Friday	8:45am to 11:45am	\$904	\$904	\$1718	\$226
Monday, Wednesday, Friday	8:45am to 11:45am	\$692	\$692	\$1315	\$173
Tuesday and Thursday	8:45am to 11:45am	\$484	\$484	\$920	\$121
<b>Extended Hours for all Classes</b> Please circle the specific days	<b>Schedule Time</b>	<b>Session <u>One</u></b>	<b>Session <u>Two</u></b>	<b>8 week <u>Summer</u> <u>Session</u></b>	<b>Additional <u>Option with</u> <u>Session One</u></b>
Five Days a Week (M-F)	7:00am to 6:30pm	\$304	\$304	\$578	\$76
Three Days a Week (M,T,W,Th,F)	7:00am to 6:30pm	\$188	\$188	\$357	\$47
Two Days a Week (M,T,W,Th,F)	7:00am to 6:30pm	\$120	\$120	\$228	\$30
Five Days a Week (M-F)	7:00am to when class begins	\$172	\$172	\$327	\$43
Three Days a Week (M,T,W,Th,F)	7:00am to when class begins	\$100	\$100	\$190	\$25
Two Days a Week (M,T,W,Th,F)	7:00am to when class begins	\$80	\$80	\$152	\$20
Five Days a Week (M-F)	when class ends to 6:30pm	\$204	\$204	\$388	\$51
Three Days a Week (M,T,W,Th,F)	when class ends to 6:30pm	\$120	\$120	\$228	\$30
Two Days a Week (M,T,W,Th,F)	when class ends to 6:30pm	\$100	\$100	\$190	\$25

*If you are registering more than one child, a sibling discount of 5% will be applied to each additional child's tuition fees of equal or lesser value.*

**Mini Camp Fee**

**Summer Session Fee**

**Extended Day Fee**

**Total Summer 2017 Fee**

**Registration Fee**

Registration fee is non-refundable and not applied to tuition

**Security Deposit (50% of Total Tuition Due March 1, 2017)**

Refundable until June 1, 2017. There will be no change of fees due to withdrawal, lateness, or camp closure.

**Balance due on May 1, 2017**

A 3% late fee will be assessed after June 1, 2017. Trip fees are not included in tuition.

**Summer Session Tuition**

\$	
\$	
\$	
\$	
\$125	Date Paid _____
\$	Date Paid _____
\$	

**Parent/Guardian 1**  Mother  Father  Other

Legal Guardians are  Unmarried  Married  Separated  Divorced  Other

First & Last Name \_\_\_\_\_

Address (if different) \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Mobile Phone # \_\_\_\_\_

Email \_\_\_\_\_

Occupation/Employment Address \_\_\_\_\_

**Parent Guardian 2**  Mother  Father  Other

Legal Guardians are  Unmarried  Married  Separated  Divorced  Other

First & Last Name \_\_\_\_\_

Address (if different) \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Mobile Phone # \_\_\_\_\_

Email \_\_\_\_\_

Occupation/Employment Address \_\_\_\_\_

**•• A new health examination form must be completed and signed by a physician.**

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.

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

Signature: \_\_\_\_\_ Relation to child: \_\_\_\_\_

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# stepping stones

An Early Childhood Learning Center

## SUMMER SESSION REGISTRATION FORM and CHILD INFORMATION FORM Children Born 2014

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: \_\_\_\_\_

Medical Conditions / Life Threatening Allergies: \_\_\_\_\_ Epi Pen  Yes  No

**PLEASE CHOOSE YOUR SUMMER SESSION:**

**MINI-SESSION WEEK of June 26<sup>th</sup> to June 30<sup>th</sup> ○ Monday through Friday 8-4pm \$550**

**SESSION ONE** ○ July only (July 5<sup>th</sup> to July 31<sup>st</sup>)

**SESSION TWO** ○ August only (August 1<sup>st</sup> to August 25<sup>th</sup>)

**8 WEEK SUMMER SESSION** ○ ALL summer (Session one and Session two- discounted 5%)

**ADDITIONAL OPTION with SESSION ONE** ○ Only available along with Session One –Pick any additional week in August

Days of the Week for • Children born 2014 at 245 86 <sup>th</sup> St  YOUNG EXPLORERS GROUP (Born July to Dec 2014)  EXPLORERS GROUP (Born Jan to June 2014)	Schedule Time	Session One Tuition for July 5 <sup>th</sup> to July 31 <sup>st</sup> only	Session Two Tuition for August 1 <sup>st</sup> to August 25 <sup>th</sup> only	8 week Summer Session Tuition for July 5 <sup>th</sup> to August 25 <sup>th</sup>	Additional Option with Session One Weekly tuition for August- can only be used along with Option One
Monday through Friday	8:15am to 3:15pm	\$1500	\$1500	\$2850	\$375
Monday, Wednesday, Friday	8:15am to 3:15pm	\$1172	\$1172	\$2227	\$293
Tuesday and Thursday	8:15am to 3:15pm	\$820	\$820	\$1558	\$205
Monday through Friday	8:30am to 11:30am	\$928	\$928	\$1763	\$232
Monday, Wednesday, Friday	8:30am to 11:30am	\$716	\$716	\$1360	\$179
Tuesday and Thursday	8:30am to 11:30am	\$496	\$496	\$942	\$124
<b>Extended Hours for all Classes</b> Please circle the specific days	<b>Schedule Time</b>	<b>Session One</b>	<b>Session Two</b>	<b>8 week Summer Session</b>	<b>Additional Option with Session One</b>
Five Days a Week (M-F)	7:00am to 6:30pm	\$304	\$304	\$578	\$76
Three Days a Week (M,T,W,Th,F)	7:00am to 6:30pm	\$188	\$188	\$352	\$47
Two Days a Week (M,T,W,Th,F)	7:00am to 6:30pm	\$120	\$120	\$228	\$30
Five Days a Week (M-F)	7:00am to when class begins	\$172	\$172	\$327	\$43
Three Days a Week (M,T,W,Th,F)	7:00am to when class begins	\$100	\$100	\$190	\$25
Two Days a Week (M,T,W,Th,F)	7:00am to when class begins	\$80	\$80	\$152	\$20
Five Days a Week (M-F)	when class ends to 6:30pm	\$204	\$204	\$388	\$51
Three Days a Week (M,T,W,Th,F)	when class ends to 6:30pm	\$120	\$120	\$228	\$30
Two Days a Week (M,T,W,Th,F)	when class ends to 6:30pm	\$100	\$100	\$190	\$25

*If you are registering more than one child, a sibling discount of 5% will be applied to each additional child's tuition fees of equal or lesser value.*

**Summer Session Tuition**

Mini Camp Fee \$ \_\_\_\_\_

Summer Session Fee \$ \_\_\_\_\_

Extended Day Fee \$ \_\_\_\_\_

Total Summer 2017 Fee \$ \_\_\_\_\_

Registration Fee \$125 Date Paid \_\_\_\_\_

Security Deposit (50% of Total Tuition Due March 1, 2017)

Refundable until June 1, 2017. There will be no change of fees due to withdrawal, lateness, or camp closure.

Balance due on May 1, 2017 \$ \_\_\_\_\_

A 3% late fee will be assessed after June 1, 2017. Trip fees are not included in tuition.

**Parent/Guardian 1**  Mother  Father  Other

Legal Guardians are  Unmarried  Married  Separated  Divorced  Other

First & Last Name \_\_\_\_\_

Address (if different) \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Mobile Phone # \_\_\_\_\_

Email \_\_\_\_\_

Occupation/Employment Address \_\_\_\_\_

**Parent Guardian 2**  Mother  Father  Other

Legal Guardians are  Unmarried  Married  Separated  Divorced  Other

First & Last Name \_\_\_\_\_

Address (if different) \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Mobile Phone # \_\_\_\_\_

Email \_\_\_\_\_

Occupation/Employment Address \_\_\_\_\_

**•• A new health examination form must be completed and signed by a physician.**

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.

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

Signature: \_\_\_\_\_ Relation to child: \_\_\_\_\_

# stepping stones

An Early Childhood Learning Center

## SUMMER SESSION REGISTRATION FORM and CHILD INFORMATION FORM Children Born 2015

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: \_\_\_\_\_

Medical Conditions / Life Threatening Allergies: \_\_\_\_\_ Epi Pen  Yes  No

**PLEASE CHOOSE YOUR SUMMER SESSION:**

**SESSION ONE**     July only (July 5<sup>th</sup> to July 31<sup>st</sup>)

**SESSION TWO**     August only (August 1<sup>st</sup> to August 25<sup>th</sup>)

**8 WEEK SUMMER SESSION**  ALL summer (Session one and Session two- discounted 5%)

**ADDITIONAL OPTION with SESSION ONE**  Only available along with Session One –Pick any additional week in August

Days of the Week for TODDLER GROUP At 245 86 <sup>th</sup> Street • Children born in 2015 (must be 2 by June 1 <sup>st</sup> )	Schedule Time	Session One Tuition for July 5 <sup>th</sup> to July 31 <sup>st</sup> only	Session Two Tuition for August 1 <sup>st</sup> to August 25 <sup>th</sup> only	8 week Summer Session Tuition for July 5 <sup>th</sup> to August 25 <sup>th</sup>	Additional Option with Session One Weekly tuition for August- can only be used along with Option One
Monday through Friday	8:15am to 3:15pm	\$1500	\$1500	\$2850	\$375
Monday, Wednesday, Friday	8:15am to 3:15pm	\$1172	\$1172	\$2227	\$293
Tuesday and Thursday	8:15am to 3:15pm	\$820	\$820	\$1558	\$205
Monday through Friday	8:30am to 11:30am	\$928	\$928	\$1763	\$232
Monday, Wednesday, Friday	8:30am to 11:30am	\$716	\$716	\$1360	\$179
Tuesday and Thursday	8:30am to 11:30am	\$496	\$496	\$942	\$124
<b>Extended Hours for all Classes</b> Please circle the specific days	<b>Schedule Time</b>	<b>Session One</b>	<b>Session Two</b>	<b>8 week Summer Session</b>	<b>Additional Option with Session One</b>
Five Days a Week (M-F)	7:00am to 6:30pm	\$304	\$304	\$578	\$76
Three Days a Week (M,T,W,Th,F)	7:00am to 6:30pm	\$188	\$188	\$352	\$47
Two Days a Week (M,T,W,Th,F)	7:00am to 6:30pm	\$120	\$120	\$228	\$30
Five Days a Week (M-F)	7:00am to when class begins	\$172	\$172	\$327	\$43
Three Days a Week (M,T,W,Th,F)	7:00am to when class begins	\$100	\$100	\$190	\$25
Two Days a Week (M,T,W,Th,F)	7:00am to when class begins	\$80	\$80	\$152	\$20
Five Days a Week (M-F)	when class ends to 6:30pm	\$204	\$204	\$388	\$51
Three Days a Week (M,T,W,Th,F)	when class ends to 6:30pm	\$120	\$120	\$228	\$30
Two Days a Week (M,T,W,Th,F)	when class ends to 6:30pm	\$100	\$100	\$190	\$25

*If you are registering more than one child, a sibling discount of 5% will be applied to each additional child's tuition fees of equal or lesser value.*

**Summer Session Tuition**

**Summer Session Fee** \$ \_\_\_\_\_

**Extended Day Fee** \$ \_\_\_\_\_

**Total Summer 2017 Fee** \$ \_\_\_\_\_

**Registration Fee** \$125      Date Paid \_\_\_\_\_

Registration fee is non-refundable and not applied to tuition

**Security Deposit (50% of Total Tuition Due March 1, 2017)** \$ \_\_\_\_\_      Date Paid \_\_\_\_\_

Refundable until June 1, 2017. There will be no change of fees due to withdrawal, lateness, or camp closure.

**Balance due on May 1, 2017** \$ \_\_\_\_\_

A 3% late fee will be assessed after June 1, 2017. Trip fees are not included in tuition.

**Parent/Guardian 1**     Mother     Father     Other

Legal Guardians are  Unmarried     Married     Separated     Divorced     Other

First & Last Name \_\_\_\_\_

Address (if different) \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Mobile Phone # \_\_\_\_\_

Email \_\_\_\_\_

Occupation/Employment Address \_\_\_\_\_

**Parent/Guardian 2**     Mother     Father     Other

Legal Guardians are  Unmarried     Married     Separated     Divorced     Other

First & Last Name \_\_\_\_\_

Address (if different) \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_

Mobile Phone # \_\_\_\_\_

Email \_\_\_\_\_

Occupation/Employment Address \_\_\_\_\_

**•• A new health examination form must be completed and signed by a physician.**

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.

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

Signature: \_\_\_\_\_ Relation to child: \_\_\_\_\_