STEPPING STONES | EARLY CHILDHOOD CENTER

3K/4K SCHOOL YEAR 2026-2027 EXTENDED DAY

Child's Name (Last): _____ (First): _____

Date of Birth_____/_____/_____ Male □ Female □

Home Address _____ City _____

State_____ Zip Code_____

Child lives with: _____ Number of Siblings: _____

Names/ Ages: _____

Legal Guardians are □ Unmarried □ Married □ Separated □ Divorced □ Other _____

Child's Primary Language: _____Race/Ethnicity: _____

School Hours of Operation 7:00am to 6:00pm

FOR CHILDREN ENROLLED IN THE 3K and 4K PROGRAM at STEPPING STONES

□ **3-YEAR-OLD CLASS –** Born 2023 (245 86th Street location)
□ **4-YEAR-OLD CLASS –** Born 2022 (9321 94th Street location) (245 86th Street location)
Please mark the schedule you will need.

Days of the Week	Scheduled Time	School Year Tuition
Monday – Friday	8:00am–2:20pm	Free

Days **Mon.-Fri.**	**Extended Morning Only** 7am drop off	**Extended Afternoon Only** 4pm pick up	**Extended Morning and Afternoon** 7am- 4pm	**Extended Afternoon Only** 6pm pick up	**Extended Morning and Afternoon** 7am-6pm
Monthly Fee	$225	$445	$610	$690	$855

***Rates will not be prorated per day. Modified schedules will be $30 per hour.**

- Payments can be made monthly via check, cash, ACH (form attached) or via Brightwheel app.
- Extended day tuition for Stepping Stones is due on the 1st of every month. A $50 late fee after the 5th of the month will be applied.
- Sibling discount 5%.
- All immunizations must be completed by July 1st and submitted to the office.
- **$30 per hour for Emergency Extended Day**

Non-refundable extended day Registration Fee: $200.00

Monthly Total Tuition for Schedule Chosen: $_____

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CHILD INFORMATION FORM

Child's Name (Last):_____ (First): _____

Parent/Guardian □Mother □Father □Other	**Parent/Guardian** □Mother □Father □Other
First & Last Name	First & Last Name
Address *(if different)*	Address *(if different)*
Home Phone #	Home Phone #
Work Phone #	Work Phone #
Mobile Phone #	Mobile Phone #
Email	Email
Occupation	Occupation
Employment Address	Employment Address

ADDITIONAL INFORMATION	**Emergency Contact/Approved Pick Up (Other than Parent/Guardian):**
Child Physician Name/Contact Name:	First & Last Name:
Address:	Relationship to child:
Phone #:	Contact Phone #
Medical Concerns:	First & Last Name:
Allergies (Explain):	Relationship to child:
Life Threatening Allergies (Explain):	Contact Phone #
Epi-Pen □Yes □ No (Must provide an Epi-Pen Form)	First & Last Name:
Receiving Special Services: □Yes □ No Explain:	Relationship to child:
□Speech/Language □Occupational □Physical Therapy □SEIT □Special Instruction For how many months?_____	Contact Phone #:

SCHOOL YEAR 2026 AGREEMENT CONTRACT (September 2026 to June 2027)

Communication between Parent/Teacher/Stepping Stones

- The Parent acknowledges that they received the current copy of the School Year Policy Book.

Program Fees/Withdrawals:

- **FOR CHILDREN BORN 2022 and 2023-** At the signing of this contract, the parents agree to pay an initial registration fee for extended day tuition. This fee is non-refundable.
- A sibling discount of 5% will be deducted from the extended day tuition of equal or lesser value if your child is in the private sector of Stepping Stones.
- School Year Extended rates will not be affected due to the following absences/closures but not limited to; (related or non-related to Covid-19), any illnesses, late arrival, late registration, vacations, school closures, withdrawal from the program, mandatory government agency shutdown, quarantines, Department of Health closures, inclement weather, natural disasters and/or any emergency school closures once school has begun. (More information in the School Year Policy Book.)

Accepted Payment Method Terms and Policy for Extended Day Tuition

- Check, Cash, Money Order, ACH (Automatic Deduction from bank), Brightwheel app (Includes Master Card, Visa and Debit options).
- Returned Check or non-payment due to insufficient funds will incur a charge of $30. Nonpayment of returned funds may result in the removal of child(ren) from Stepping Stones and the pursuit of legal remedies for unpaid balances.

Medical Release:

- The parent/s understand that the child must be fully immunized with a completed yearly physical examination form to attend Stepping Stones according to the Department of Health mandated immunizations.
- The parent/s of the above-named child, do hereby authorize and consent the directors, teachers and employees of Stepping Stones to contact the persons named on this form, and to authorize the named physician or his/her associates to render such treatment as may be deemed necessary in an emergency medical treatment for the health of my child.
- The parent/s 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 parent consents the directors, and/or teachers and employees to take whatever action is deemed necessary in the judgment for the health of my child. The parent agrees to be

completely responsible for all medical expenses, payments of debts, or bills incurred with the injury or any illness of my child.

The parent has seen and read the Summer Camp Parent Book and herein agrees to abide and comply by all the policies and procedures contained in the book.
THE UNDERSIGNED HAVE READ AND UNDERSTAND THIS AGREEMENT, and by signing this Agreement, all parties agree to all of the above terms, conditions and policies, including financial responsibilities for child care provided. The Provider is responsible for providing all parties a copy of this signed Agreement.

Legal Guardian/Parent Name: (Print) _____
Signature_____

Social Media/Photo Release:

- I give Stepping Stones permission to take photographs of my child throughout the school year in the activities they participate. I give Stepping Stones permission to use these photographs of events, lesson, children at play, trips, etc. to be used on the school website, school social media accounts, Brightwheel app, etc.

Legal Guardian/Parent Name: (Print) _____
Signature_____

Nature Walk:

- I give Stepping Stones permission to take my child on nature walks and periodic walking trips in the neighborhood. (Walking rings will be used for younger students.)

Legal Guardian/Parent Name: (Print) _____
Signature_____

Park Permission:

- I give Stepping Stones permission to take my child to the park on Colonial Road and 84th Street if my child attends the 86th Street location and to the park on Shore Road and 95th street if my child attends the Next Step location.

Legal Guardian/Parent Name: (Print) _____
Signature_____

Date _____