STEPPING STONES | EARLY CHILDHOOD CENTER

AFTER SCHOOL PROGRAM REGISTRATION FORMS for SCHOOL YEAR 2026-2027

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

Date of Birth____/____/_____ Male □ Female □

Home Address _____ City _____

State_____ Zip Code_____

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

Child lives with:_____Number of Siblings: _____

Names and Ages: _____

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

TUITION SCHEDULE (please choose)	**Dismissal to 5:00pm**	**Dismissal to 6:00pm**
	Monthly Rates	
Five Day (Monday through Friday)	□ $550	□ $650
Four Days (Please Select M T W Th F)	□ $500	□ $600
Three Days (Please select M T W Th F)	□ $450	□ $550

Sibling rate is discounted 5% off each additional child's monthly tuition of equal or lesser value.

□ Hourly Emergency Rate $30 per hour □ Registration Fee $200.00 Date Fee Paid _____

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 #
Cell Phone #	Cell Phone #
Email	Email
Occupation	Occupation
Employment Address	Employment Address

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SCHOOL YEAR 2026-2027 AGREEMENT CONTRACT

Name of Child _____ **DOB:** _____

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: _____

Communication between Parent/Teacher/Stepping Stones

- The Parent acknowledges that they received the current copy of the Stepping Stones Policy Book and will comply with all the terms and conditions of the program.

Program Fees/Withdrawals:

- At the signing of this contract, the parents agree to pay an initial registration fee upon registering. Registration fees are non-refundable and are not applied to tuition. Tuition is due the 1st of the month beginning on September 1st. A late fee of $25 will be charged after the 5th. If the payment, including late charges is not received by the 10th of the month, Stepping Stones will terminate the After School Year Agreement and enrollment of the child/children.
- The parent acknowledges that a one-month advance notification must be submitted to the office when withdrawing your child/children. Stepping Stones reserves the right to terminate a student's enrollment due to unpaid tuition balances.
- School Year Tuition 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, withdrawal from the program, mandatory government agency shutdown, Department of Health closures, inclement weather, natural disasters and/or any emergency school closures once school has begun. If Stepping Stones cannot provide any service during those government closures, tuition will be reassessed and possibly paused for the time of closure.
- The parent understands that Stepping Stones may terminate any child's enrollment for any reason but not limited to incomplete immunization compliance, past due tuition payments or behaviors that may pose a threat to the well-being of any children, staff, etc.

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SCHOOL YEAR 2026-2027 AGREEMENT CONTRACT continued…

Late Pick-up and Early Drop-Off Policy and Fees:

- There will be an overtime fee of $2 for every minute the parent/guardian arrives after the scheduled pick-up time.

Accepted Payment Method Terms and Policy

- 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 in accordance with 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 do 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 are hereby authorized 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.

Fees/Payment Information **A $200 NON-REFUNDABLE Registration Fee is due. Registration fees are not applied to tuition. The first payment of tuition will be required by September 1, 2026.** 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 5% off each additional child's monthly tuition of equal or lesser value. We offer a licensed and experienced program, daily art activities, play centers in the classroom and homework help. Please note that your child will have help with his or her homework. Homework will be checked for completion. Parents should continue to check over the homework every night.

I have read and understand the terms. Initial _____

Name of Child _____ **DOB:** _____

The parent has seen and read the School Year Policy 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, lessons, 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.

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 _____

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PARENT CHECK OFF LIST OF FORMS TO SUBMIT

Child's Name: _____

PARENT DIRECTORY

If you would like to be added to our parent directory, **please fill out only** the information you would like to share:

Parent/Guardian:
Parent Name_____
Child Name_____
Address_____
Phone Number_____
Email Address_____

Parent/Guardian:
Parent Name_____
Child Name_____
Address_____
Phone Number_____
Email Address_____

FORMS TO BE COMPLETED

_____After School Year Tuition Form
_____Child Information Form
_____After School Year Contract Agreement
_____Authorized Escort Form
_____Permission Form
_____ACH Form (If applicable)

PLEASE INITIAL

_____I have read the After School Program Policy Book

_____Downloaded the Brightwheel App or accepted the invitation (verified all information is correct)

HEALTH FORM CHECKLIST

_____Child & Adolescent Health Examination Form Completed by Physician and up to date (expires one year from date exam). Must list all immunizations.
_____Catch up plan if applicable
_____Food Allergy Plan if applicable
_____Epi-pen Administration if applicable
_____Asthma Plan Form if applicable

PAYMENT PLAN

My method of payment will be:

_____check/cash

_____ACH (automatic withdrawal from bank account- no additional fees)

_____Brightwheel (processing fees may apply)