

TODDLER SCHOOL YEAR TUITION 2026-2027

Student Information

Child's Name: Last: _____ First: _____

Date of Birth: ____ / ____ / ____ Gender: ☐ Male ☐ Female

School Hours of Operation: 7:00 AM – 6:00 PM

Two-Year-Old Class

Eligibility: Born in 2024 (Must be 2 years old by September 5, 2026)

Location: 245 86th Street

TWO-YEAR-OLD CLASS – Born 2024

<u>Scheduled Time</u>	<u>School Year Tuition</u> Due Aug 1 st	<u>Monthly Tuition</u>	<u>Extended Morning Only</u> 7am drop off (monthly fee)	<u>Extended Afternoon Only</u> 4pm pick up (monthly fee)	<u>Extended Afternoon Only</u> 6pm pick up (monthly fee)	<u>Extended Morning/Afternoon</u> 7am-6pm (monthly fee)
8:30am – 3:00pm	\$17,005	\$1,790	\$300	\$240	\$480	\$585
8:30am – 3:00pm	\$12,635	\$1,330	\$200	\$160	\$325	\$405
8:30am – 3:00pm	\$8,930	\$940	\$150	\$115	\$240	\$305
8:30am – 11:30am	\$11,400	\$1,200	\$300	n/a	n/a	n/a
8:30am – 11:30am	\$8,218	\$865	\$200	n/a	n/a	n/a
8:30am – 11:30am	\$5,938	\$625	\$150	n/a	n/a	n/a

Payment Plans: (Please choose)

____ **Monthly Tuition** plans start on August 1st and end on April 1st for nine total payments. The security deposit is one month's tuition fee including extended day fees if applicable. The deposit is applied to the last month of the school year. Due upon registration.

____ **Yearly Tuition** (discounted rate) is due on August 1st. The security deposit due is 10% of the yearly tuition chosen, including the extended day fees if applicable. This fee will be deducted from your tuition total due August 1st.

*The **sibling discount** is 5% for one student of equal or lesser value.

*The completed **health forms** are due June 1st.

*\$30 per hour for **Emergency**.

Monthly Tuition for Schedule Chosen:
\$ _____

Yearly Tuition for Schedule Chosen:
\$ _____

Add **extended day fees** if applicable:

Non-Refundable/Non-Applicable

Registration Fee: \$285.00

Security Deposit: \$ _____

Total Due to Register: \$ _____

Method of Payment:

____ ACH (Electronic Transfer-Form needed)

____ Brightwheel App (billed on the app)

____ Check

____ Cash

CHILD INFORMATION FORM 2026-2027

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

Date of Birth _____/_____/_____ Male ☐ Female ☐

Home Address _____ City _____

State _____ Zip Code _____

Child lives with: _____ Number of Siblings: _____

Names/ Ages: _____

Child's Primary Language: _____ Race/Ethnicity: _____

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

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/Authorized Pickup (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:

SCHOOL YEAR AGREEMENT CONTRACT (September 2026 to June 2027)

Name of Child : _____ DOB: _____

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 2024-** At the signing of this contract, the parents agree to pay an initial registration fee and security deposit per child. Registration fees are non-refundable and are not applied to tuition. The security deposit is considered a portion of your yearly tuition which will be assessed to be returned/applied in the event of withdrawing before the end of the school year. Both the registration fee and security deposit are due upon registration to hold your child's placement in the program. Tuition for Stepping Stones is based on one school year tuition rate with different payment plans. In choosing the monthly payment plan, monthly payments begin on August 1st and your last payment will be April 1st. All monthly tuition payments are due before the 5th of every month. A late fee of \$50 will be charged after the 5th. For termination of enrollment or request to leave the program before the end of the school year in June 2027, your security deposit will be applied to that current month. Your child's placement will then be considered terminated.
- Yearly Tuition Payment is due August 1st. (This payment option is discounted at 5%).
- A sibling discount of 5% will be applied to one tuition of equal or lesser value.
- 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, 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.)

Program Fees/Withdrawals continued:

- If you would like to change your child's school year schedule you may be permitted to do so if there is space available in that program. Policies and refunds will not be changed if there is no availability.
- 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, and/or behaviors that may pose a threat to the well-being of any child, staff, etc.

Accepted Payment Method Terms and Policy

- Check, Cash, Money Order, ACH (Automatic Deduction from bank), Brightwheel app (Includes Master Card, Visa and Debit options). Processing fees may be applied to the Brightwheel app payment.
- 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 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. (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 _____