

stepping stones

An Early Childhood Learning Center

SUMMER SESSION REGISTRATION FORM 2020

Child's Name (last) _____ (first) _____ DOB ___/___/___

Home Address _____ City _____ State _____ Zip _____

Phone Number _____ Email: _____ Male Female

Additional children attending camp:

Child's Name (last) _____ (first) _____ DOB ___/___/___

Child's Name (last) _____ (first) _____ DOB ___/___/___

SIX WEEK SESSION ONLY – July 13th- August 21st

PLEASE CHOOSE THE GROUP:

TODDLER GROUP –Born 2018 (Must be 2 by June 29, 2020)

EXPLORERS GROUP – Born 2017

PRESCHOOLERS GROUP -Born 2016

JUNIORS GROUP – Born 2015

SENIORS GROUP – Born 2014 to 2010

Hours of Operation: 8am-4pm NO EXTENDED DAY

Full day 8:30am-2:30pm Half Day 8:30am-11:30am

Full Day 8:40am-3:40pm Half Day 8:40am-11:40pm

Full Day 8:30am-3:30pm Half Day 8:30am-11:30am

Full Day 8:30am-3:30pm Half Day 8:30am-11:30am

Full Day 8:50am-3:45pm Half Day 9:00am-12:00pm

<u>Days of the Week</u>	<u>Scheduled Time</u>	<u>Summer Tuition</u>	<u>Please choose the program and write each child's name next to the schedule chosen.</u>
Five Days a Week Mon, Tues, Wed, Thurs, Fri	FULL DAY	\$2,970	
Three Days a Week Mon, Wed, Fri	FULL DAY	\$2,340	
Two Days a Week Tues, Thurs	FULL DAY	\$1,620	
Five Days a Week Mon, Tues, Wed, Thurs, Fri	HALF DAY	\$1,860	
Three Days a Week Mon, Wed, Fri	HALF DAY	\$1,440	
Two Days a Week Tues, Thurs	HALF DAY	\$990	

(Not Applied to Summer Tuition) Non-Refundable Summer Registration Fee \$150

If you are registering more than one child, a sibling discount of 10% will be applied to each additional child's monthly tuition of equal or lesser value.

Summer Tuition: \$ _____

Total Due: \$ _____

*All new student immunizations must be completed on a physical examination. Camper cannot begin unless a form is submitted with up to date immunizations.

*Toddlers and Explorers do not need to be potty trained to attend camp.

Email: office@steppingstones86.com, steppingstones86@aol.com, missdawn@steppingstones86.com

- **stepping stones nursery school • 245 86th street • brooklyn, new york 11209 • p.718-630-1000 • f.718-630-1446**
- **stepping stones –the next step • 9321 ridge boulevard • brooklyn, new york 11209 • p.718-630-1001**

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CHILD INFORMATION REGISTRATION FORM

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: _____
 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 #
Mobile Phone #	Mobile Phone #
Email	Email
Occupation	Occupation
Employment Address	Employment Address

Additional Information:

Child Physician Name/Contact Number: _____ _____ _____ Medical Conditions, allergies (Explain): _____ _____ Life-threatening allergies <input type="checkbox"/> No <input type="checkbox"/> Yes (explain) _____ Epi Pen <input type="checkbox"/> Yes <input type="checkbox"/> No Receiving Special Services: <input type="checkbox"/> Speech/Language <input type="checkbox"/> Occupational <input type="checkbox"/> Physical Therapy <input type="checkbox"/> SEIT <input type="checkbox"/> Special Instruction For how many months? _____	Primary Emergency Contact (other than Parent/Guardian): Name _____ Relationship to child: _____ Phone: _____ Name _____ Relationship to child: _____ Phone: _____ Name _____ Relationship to child: _____ Phone: _____
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Any additional information you would like to tell us about your child: _____

