

stepping stones

An Early Childhood Learning Center

SCHOOL YEAR TUITION 2020-2021

Child's Name (last) _____ (first) _____ Date of Birth ___/___/___

******CHANGE OF HOURS: School Hours of Operation 7:00am to 6:00pm******

2 YEAR OLD CLASS – Born 2018 (Must be 2 by September 9, 2020) (Location-245 86th Street)

<u>Days of the Week</u>	<u>Scheduled Time</u>	<u>School Year Tuition</u> Due Aug 1 st	<u>Semi-Annual Tuition</u> Due Aug 1 st , Dec 1 st	<u>Monthly Tuition</u>	<u>Extended Morning Only</u> 7am drop off	<u>Extended Afternoon Only</u> 4pm pick up	<u>Extended Afternoon Only</u> 6pm pick up	<u>Extended Morning/Afternoon</u> 7am-6pm
Mon-Fri	8:30am - 2:45pm	\$15,500	\$7,750	\$1550	\$190	\$150	\$235	\$355
Mon,Wed,Fri	8:30am - 2:45pm	\$11,450	\$5,725	\$1145	\$110	\$100	\$145	\$210
Tues, Thurs	8:30am - 2:45pm	\$7,650	\$3,825	\$765	\$80	\$50	\$100	\$145
Mon-Fri	8:30am - 11:30am	\$9,650	\$4,825	\$965	n/a	n/a	n/a	n/a
Mon,Wed,Fri	8:30am - 11:30am	\$7,000	\$3,500	\$700	n/a	n/a	n/a	n/a
Tues, Thurs	8:30am - 11:30am	\$4,650	\$2,325	\$465	n/a	n/a	n/a	n/a

3 YEAR OLD CLASS – Born 2017 (Location- 245 86th Street)

<u>Days of the Week</u>	<u>Scheduled Time</u>	<u>School Year Tuition</u> Due Aug 1 st	<u>Semi-Annual Tuition</u> Due Aug 1 st , Dec 1 st	<u>Monthly Tuition</u>	<u>Extended Morning Only</u> 7am pick up	<u>Extended Afternoon Only</u> 4pm pick up	<u>Extended Afternoon Only</u> 6pm pick up	<u>Extended Morning /Afternoon</u> 7am-6pm
Mon-Fri	8:15am - 3:00pm	\$14,400	\$7,200	\$1440	\$190	\$150	\$235	\$355
Mon,Wed,Fri	8:15am - 3:00pm	\$10,550	\$5,275	\$1055	\$110	\$100	\$145	\$210
Tues, Thurs	8:15am - 3:00pm	\$7,100	\$3,550	\$710	\$80	\$50	\$100	\$145
Mon-Fri	8:15am - 11:15am	\$8,900	\$4,450	\$890	n/a	n/a	n/a	
Mon,Wed,Fri	8:15am - 11:15am	\$6,550	\$3,275	\$655	n/a	n/a	n/a	
Tues, Thurs	8:15am - 11:15am	\$4,300	\$2,150	\$430	n/a	n/a	n/a	

4 YEAR OLD CLASS – Born 2016

5 YEAR OLD CLASS-- Born 2015 (five full day a week option only)

<u>Days of the Week</u>	<u>Scheduled Time</u>	<u>School Year Tuition</u> Due Aug 1 st	<u>Semi-Annual Tuition</u> Due Aug 1 st , Dec 1 st	<u>Monthly Tuition</u>	<u>Extended Morning Only</u> 7am pick up	<u>Extended Afternoon Only</u> 4pm pick up	<u>Extended Afternoon Only</u> 6pm pick up	<u>Extended Morning /Afternoon</u> 7am-6pm
Mon-Fri	8:00am - 2:30pm	\$13,050	\$6,525	\$1305	\$190	\$150	\$235	\$355
Mon,Wed,Fri	8:00am – 2:30pm	\$9,550	\$4,775	\$955	\$110	\$100	\$145	\$210
Tues, Thurs	8:00am – 2:30pm	\$6,450	\$3,225	\$645	\$80	\$50	\$100	\$145
Mon-Fri	8:20am – 11:20am	\$8,050	\$4,025	\$805	n/a	n/a	n/a	n/a
Mon,Wed,Fri	8:20am – 11:20am	\$6,000	\$3,000	\$600	n/a	n/a	n/a	n/a
Tues, Thurs	8:20am – 11:20am	\$4,000	\$2,000	\$400	n/a	n/a	n/a	n/a

Tuition for Stepping Stones is based on one school year tuition rate with different payment plans. (Refer to contract). A deposit is required to register along with a non-refundable registration fee. The deposit is 10% of the yearly tuition rate.
 Payment Plans: (Please choose)
 Monthly Tuition plans start on August 1st and end on April 1st.
 Semi- Annual Tuition plans are made on August 1st /December 1st.
 Yearly Tuition plan is due on August 1st.

Total Tuition for Schedule Chosen: \$ _____

Non-Refundable/Non-Applicable Registration Fee: \$250.00

Deposit Due: \$ _____

Total Due to Register: \$ _____

*All immunizations must be completed by August 1st for new students.

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CHILD INFORMATION FORM

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 _____

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	Primary Emergency Contact (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 <input type="checkbox"/> Yes <input type="checkbox"/> No (Must provide an Epi-Pen Form)	First & Last Name:
Receiving Special Services: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	Relationship to child:
<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? _____	Contact Phone #:

Parent/Guardian Name (Printed): _____ Date: _____

Signature: _____ Relation to child: _____

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

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