

stepping stones

An Early Childhood Learning Center

AFTER SCHOOL REMOTE LEARNING PROGRAM 2020-2021 for GRADES 1 to 5

Child's Name (last) _____ (first) _____ Date of Birth ___/___/___
 Home Address _____ City _____ State _____ Zip Code _____
 Phone Number _____ Email: _____ Male Female

After School Registration Fee \$ 150.00 (non-refundable/non-applicable)

After School Security Deposit \$ _____ (due Aug 1st/upon Registering)

Total Due to Register \$ _____

After School Monthly Tuition \$ _____ (paid on the 1st of every month)

OPTION ONE -includes full days and afterschool pick up for 5 days a week at Stepping Stones

<u>Program</u>	<u>Scheduled Time</u>	<u>Monthly</u>		<u>Days of the Week</u>	<u>Scheduled Time</u>	<u>Monthly</u>
Remote Learning in Stepping Stones	8:00am - 2:30pm	\$900		Remote Learning in Stepping Stones	8:00am - 2:30pm	\$900
Extended hours after Remote Learning and pick up from PS 185 on in-school days	2:30pm - 4:30pm	\$150		Extended hours after Remote Learning and pick up from PS 185 on in-school days	2:30pm - 5:30pm	\$250

OPTION TWO -includes After School pick up days only when your child is in school

After School Program Pick up from PS 185 (average 7-10 days a month)	2:30pm-4:30pm	\$250		After School Program Pick up from PS 185 (average 7-10 days a month)	2:30pm-5:30pm	\$350
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OPTION THREE - includes After School for five days a week

After School Program (5 days a week) Without Remote Learning in SS	2:30pm-4:30pm	\$400		After School Program (5 days a week) Without Remote Learning in SS	2:30pm-5:30pm	\$500
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OPTION FOUR- create your own schedule, however it must be a consistent monthly schedule

Daily Rate for Remote Learning in Stepping Stones	8:00am -2:30pm	\$75	Daily Rate for After School Drop off only	2:30pm-4:30pm	\$40
Daily Rate for Remote Learning in Stepping Stones	8:00am-4:30pm	\$100	Daily Rate for After School Drop off only	2:30pm-5:30pm	\$60
Daily Rate for Remote Learning in Stepping Stones	8:00am- 5:30pm	\$110			

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 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: _____

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