

stepping stones

An Early Childhood Learning Center

AFTER SCHOOL PROGRAM REGISTRATION FORMS SCHOOL YEAR 2021-2022

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: _____

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

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

●● A new health examination form must be completed and signed by a physician within 12 months of attending the program.

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: _____

Fees/Payment Information A \$150 NON-REFUNDABLE Registration Fee is due. Registration fees are not applied to tuition. The first payment of tuition will be required by September 1, 2021. 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 _____

TUITION SCHEDULE (please choose)	2:15pm to 5:00pm	2:15pm to 6:00pm
Five Day (Monday through Friday)	<input type="checkbox"/> \$475	<input type="checkbox"/> \$575

Registration Fee \$150.00 Date Fee Paid _____

I, the parent/guardian of the above-named child, do hereby authorize 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 for the health of my child. I 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 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. I agree to be completely responsible for all medical expenses, payments of debts, or bills incurred with the injury or any illness of my child. Furthermore, I consent to my child participating in walks in the neighborhood at any given time of day. I hereby also grant consent for the compilation, maintenance and use of auditory, video graphic, photographic and other materials pertaining to my child's activities during his or her time at Stepping Stones. I understand that it will be used for school purposes only. Consent is also permitted for my child to be picked up from their school and walked to Stepping Stones. I allow my child to be taken to the school yard and/or park on weather permitted days to conduct outdoor activities. I agree to the above payment conditions and information.

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

Signature: _____ Relation to child: _____

EMAIL ADDRESS: office@steppingstones86.com

Hourly Emergency Rate \$10 per hour \$25 per half day early pick up (early school closure) \$50 per whole day (8:00-2:30pm)

nursery school • 245 86th street • brooklyn, ny 11209 • p.718-630-1000 • f.718-630-1446
the next step • 9321 ridge boulevard • brooklyn, ny 11209 • p.718-630-1001

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An Early Childhood Learning Center

SCHOOL YEAR 2021 AGREEMENT CONTRACT (September 2021 to June 2022)

Name of Child #1: _____ DOB: _____

Name of Child #2: _____ DOB: _____

Legal Guardian/Parent Name 1: _____

Legal Guardian/Parent Name 2: _____

Communication between Parent/Teacher/Stepping Stones

- The Parent acknowledges that they received the current copy of the After School Year Policy Book and Covid-19 Guidelines and will comply with all the terms and conditions of the program.
- The parent acknowledges and agrees to notify Stepping Stones if anyone in the household is sick (Covid-19 and non-related Covid-19 sicknesses), has had exposure to anyone diagnosed with Covid-19, and/or has traveled outside of New York State. The states
- The parent acknowledges and agrees that it is their responsibility to follow the state advisory guidelines when traveling outside of New York or staying with individuals traveling to New York and to inform the school.
- The parent/s acknowledges that despite Stepping Stones' careful attention to clean, disinfect and follow guidelines there is still a chance that your child can be exposed to an illness in school. Although Stepping Stones will follow social distancing guidelines, due to the nature of the children being in a group together, it is not possible to maintain social distancing between children. The parent/s accepts the risk and releases Stepping Stones of all liabilities that pertain to sicknesses. (refer to Stepping Stones Covid-19 Guidelines for more information)

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 \$20 per day 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(ren). Your security deposit will be applied to that current month of non-paid tuition.
- 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.

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 or behaviors that may pose a threat to the well-being of any children, staff, etc.

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 according to the Department of Health mandated immunizations.

SCHOOL YEAR 2021 AGREEMENT CONTRACT continued (September 2021 to June 2022)

- 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.

****The Parent has seen and read the After School Year Policy Book and Covid-19 Guidelines and herein agrees to abide and comply by all the policies and procedures contained in both books.

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.

Legal Guardian/Parent Name:(print) _____ Signature _____

Legal Guardian/Parent Name:(print) _____ Signature _____

Date: _____

The Office at Stepping Stones

PARENT CHECK OFF LIST OF FORMS to SUBMIT TO OFFICE

<p>If you would like to be added to our parent directory, please fill out the information you would like to share:</p>	<p align="center"><u>Please Initial</u></p>
<p>Parent/Guardian 1: Parent Name _____ Child Name _____ Address _____ Phone Number _____ Email Address _____</p>	<p>_____ I have read the After School School Year Policy Book _____ I have read the Covid 19 Guidelines _____ Downloaded the Brightwheel App or accepted the invitation (verified all information is correct)</p>
<p>Parent/Guardian 2: Parent Name _____ Child Name _____ Address _____ Phone Number _____ Email Address _____</p>	<p align="center"><u>Health Form Check List</u></p> <p>_____ Child & Adolescent Health Examination Form Completed by Physician and up to date (expires one year from date exam). Must list all immunizations. _____ Catch up documentation from physician if needed _____ Food Allergy Plan _____ Epi-pen Administration Permission Form _____ Asthma Plan Form</p>
<p align="center"><u>Clerical Form Check List</u></p> <p>_____ After School Year Tuition Form _____ Child Information Form _____ After School Year Contract Agreement _____ Covid Attestation Form _____ Authorized Escort Form _____ Photo Release Form _____ Park Permission/Walk Permission Form _____ ACH Form if choosing automatic bank withdrawal for tuition payment</p>	<p><u>Payment Plan</u> <u>My method of payment will be</u> _____ check _____ money order _____ ACH (automatic withdrawal from bank account- no additional fees) _____ Brightwheel (processing fees may apply)</p>

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

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