

stepping stones

An Early Childhood Learning Center

SUMMER CAMP REGISTRATION FORM 2021

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 6th- August 13th

PLEASE CHOOSE THE GROUP:

- TODDLER GROUP** –Born 2019 (Must be 2 by June 30, 2021)
- EXPLORERS GROUP** – Born 2018
- PRESCHOOLERS GROUP** -Born 2017 (Both Locations)
- JUNIORS GROUP** – Born 2015 to 2016
- SENIORS GROUP** – Born 2011 to 2014

Hours of Operation: 8am-4pm

- | | |
|-------------------------------|--------------------------------|
| Full day 8:10am-2:45pm | Half Day 8:15am-11:15am |
| Full Day 8:15am-3:15pm | Half Day 8:15am-11:15am |
| Full Day 8:00am-3:00pm | Half Day 8:30am-11:30am |
| Full Day 8:20am-3:20pm | Half Day 8:20am-11:20am |
| Full Day 8:30am-3:30pm | Half Day 8:40am-11:40am |

<u>Days of the Week</u>	<u>Scheduled Time</u>	<u>Summer Tuition</u>	<u>Extended Morning 7:30am</u>	<u>Extended Evening 4:00pm</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	\$3250	\$200	\$200	
Three Days a Week Mon, Wed, Fri	FULL DAY	\$2590	\$150	\$150	
Two Days a Week Tues, Thurs	FULL DAY	\$2050	\$100	\$100	
Five Days a Week Mon, Tues, Wed, Thurs, Fri	HALF DAY	\$2200	\$250	n/a	
Three Days a Week Mon, Wed, Fri	HALF DAY	\$1780	\$150	n/a	
Two Days a Week Tues, Thurs	HALF DAY	\$1465	\$100	n/a	

Non-Refundable Deposit required to register \$300

Summer Tuition Total \$ _____

Balance Due May 1st (deduct deposit of \$300) \$ _____

If you are registering more than one child, a sibling discount of 5% will be applied to each additional child's monthly tuition of equal or lesser value.

- Trip fees are included. (Trips to be determined based on Covid safety guidelines.)
- Afternoon snacks will be provided daily.
- Tuition rates will not change due to quarantine. (Please review the agreement contract)

*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: _____ _____	Primary Emergency Contact (other than Parent/Guardian):
Medical Conditions, allergies (Explain): _____	Name _____ Relationship to child: _____ Phone: _____
Life-threatening allergies <input type="checkbox"/> No <input type="checkbox"/> Yes (explain)	Name _____ Relationship to child: _____ Phone: _____
Epi Pen <input type="checkbox"/> Yes <input type="checkbox"/> No	Name _____ Relationship to child: _____ Phone: _____
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? _____	

Any additional information you would like to tell us about your child: _____

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SUMMER CAMP 2021 AGREEMENT CONTRACT

Name of Child #1: _____ DOB: _____

Name of Child #2: _____ 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 Summer Camp 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 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 camp.
- The parent/s acknowledges that despite Stepping Stones' careful attention to clean, disinfect and follow protective COVID-19 guidelines there is still a chance that your child can be exposed to an illness in camp. Although Stepping Stones will follow social distancing guidelines when feasible, 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 \$300 non-refundable deposit fee per child. For Summer 2021, this deposit will be deducted from the total camp tuition. The summer camp tuition balance is to be paid in full by May 1st. A late fee of \$20 per day will be charged. If the payment, including late charges is not received by May 5th, Stepping Stones will terminate the Summer Camp Agreement and enrollment of the child(ren).
- Summer Camp tuition will not be returned, refunded or credited due to absence (related or non-related to Covid-19), classroom quarantine, any illnesses, late arrival, late registration, vacations, withdrawal from the program, mandatory government agency shutdown, Department of Health closures, natural disaster and/or any emergency camp closures once camp has begun.
- Last date to withdraw will be June 1st for a summer tuition refund, less the \$300 deposit.
- If you would like to change your child's summer camp 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:

- Summer Camp 2021 will not have any extended hours before 7:30am or after 4pm. There will be a charge of \$2 for every minute the parent arrives prior to the agreed upon drop-off time or after the agreed upon pick-up time.

SUMMER CAMP 2021 AGREEMENT CONTRACT Continued

Name of Child #1: _____ DOB: _____
Name of Child #2: _____ DOB: _____
Name of Child #3: _____ DOB: _____

Accepted Payment Method Terms and Policy

- Check, Cash, Money Order, ACH (Automatic Deduction from bank), Brightwheel app (Includes Master Card, Visa and Debit options). Please note there may be additional fees charged by Brightwheel depending on the card used.
- Return 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 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 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 Summer Camp Parent 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. The Provider is responsible for providing all parties a copy of this signed Agreement.

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

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

Date: _____

The Office at Stepping Stones

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

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