

stepping stones

An Early Childhood Learning Center

SCHOOL YEAR TUITION 2022-2023

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

School Hours of Operation 7:00am to 6:00pm

2-YEAR-OLD CLASS – Born 2020 (Must be 2 by September 8, 2022) (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 – 3:00pm	\$15,900	\$7,950	\$1590	\$200	\$200	\$400	\$500
Mon,Wed,Fri	8:30am – 3:00pm	\$11,750	\$5,875	\$1175	\$150	\$150	\$300	\$400
Tues, Thurs	8:30am – 3:00pm	\$7,850	\$3,925	\$785	\$80	\$80	\$160	\$250
Mon-Fri	8:30am - 11:30am	\$9,900	\$4,950	\$990	\$200	n/a	n/a	n/a
Mon,Wed,Fri	8:30am - 11:30am	\$7,200	\$3,600	\$720	\$150	n/a	n/a	n/a
Tues, Thurs	8:30am - 11:30am	\$4,800	\$2,400	\$480	\$80	n/a	n/a	n/a

3-YEAR-OLD CLASS – Born 2019 (Please choose preferred location) 86th Street 94th Street

4-YEAR-OLD CLASS – Born 2018 (86th Street location)

<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	8:15am - 2:45pm	\$14,800	\$7,400	\$1480	\$200	\$200	\$400	\$500
Mon,Wed,Fri	8:15am - 2:45pm	\$10,850	\$5,425	\$1085	\$150	\$150	\$300	\$400
Tues, Thurs	8:15am - 2:45pm	\$7,300	\$3,650	\$730	\$80	\$80	\$160	\$250
Mon-Fri	8:15am – 11:15am	\$9,150	\$4,575	\$915	\$200	n/a	n/a	n/a
Mon,Wed,Fri	8:15am - 11:15am	\$6,750	\$3,375	\$675	\$150	n/a	n/a	n/a
Tues, Thurs	8:15am - 11:15am	\$4,450	\$2,225	\$445	\$80	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 (monthly rate). Sibling discount 5%.

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

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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SCHOOL YEAR AGREEMENT CONTRACT (September 2022 to June 2023)

Name of Child #1: _____ DOB: _____ Legal Guardian/Parent Name 1: _____

Name of Child #2: _____ DOB: _____ Legal Guardian/Parent Name 1: _____

Communication between Parent/Teacher/Stepping Stones

- The Parent acknowledges that they received the current copy of the 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 the country.
- The parent acknowledges and agrees that it is their responsibility to follow the state advisory guidelines when traveling outside of country and to inform the school of travel.
- 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 classroom size, 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:

- **FOR CHILDREN BORN 2020-** At the signing of this contract, the parents agree to pay an initial registration fee and security deposit per child. Registration fees are non-refundable and are not applied to tuition. The security deposit is considered a portion of your yearly tuition (10%) which will be assessed to be returned/applied in the event of withdrawing before the end of the school year. Both the registration fee and security deposit are due upon registration to hold your child's placement in the program. Tuition for Stepping Stones is based on one school year tuition rate with different payment plans. In choosing the monthly payment plan, monthly payments begin on August 1st and your last payment will be April 1st. All monthly tuition payments are due before the 5th of every month. A late fee of \$20 per day will be charged after the 5th. For termination of enrollment or request to leave the program before the end of the school year in June 2023, your security deposit will be applied to that current month. Your child's placement will then be considered terminated. Semi-Annual Payments are made on August 1st and December 1st. Yearly Tuition Payment is due August 1st.
- **FOR CHILDREN BORN 2019 and 2018-** At the signing of this contract, the parents agree to pay an initial registration fee. Registration fees for this age group will hold your child's placement in our program. If Stepping Stones is contracted for UP3 and UPK for the September 2022 to June 2023 school year, your registration fee will be refunded. We will not know until late spring/early summer if Stepping Stones is awarded. You will have to select Stepping Stones or Stepping Stones -The Next Step on your UP3 and UPK application. If Stepping Stones is not awarded the contract, your registration fee will be applied to Stepping Stones as per the guidelines above for 2020 children.
- A sibling discount of 5% will be deducted from the tuition of equal or lesser value.
- 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, quarantines, Department of Health closures, inclement weather, natural disasters and/or any emergency school closures once school has begun. (More information in the School Year Policy Book.)

SCHOOL YEAR AGREEMENT CONTRACT (September 2022 to June 2023)

Name of Child #1: _____ DOB: _____

Name of Child #2: _____ DOB: _____

Name of Child #3: _____ DOB: _____

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 and Stepping Stones – The Next Step may terminate any child’s enrollment for any reason but not limited to incomplete immunization compliance, past due tuition payments, and/or behaviors that may pose a threat to the well-being of any children, staff, etc.

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.
- 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 read the School Year Policy Book and current 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

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

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PARENT CHECK OFF LIST OF FORMS to SUBMIT TO OFFICE

Child's Name: _____

Parent Directory

If you would like to be added to our **parent directory for your child's class**, please fill out only the information you would like to share:

Parent/Guardian 1:

Parent Name _____

Child Name _____

Address _____

Phone Number _____

Email Address _____

Parent/Guardian 2;

Parent Name _____

Child Name _____

Address _____

Phone Number _____

Email Address _____

Clerical Form Check List

_____ School Year Tuition Form

_____ Child Information Form

_____ School Year Contract Agreement

_____ COVID-19 Attestation Form

_____ Authorized Escort Form

_____ Photo Release Form

_____ Park Permission/Walk Permission Form

_____ Daycare 318 Form (signed by parent-does not need notary)

_____ ACH Form if choosing automatic bank withdrawal for tuition payment

Health Form Check List

_____ 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

Payment Plan

I have chosen to pay

_____ Yearly

_____ Semi-Annual

_____ Monthly

_____ Deposit made today in the amount of

\$ _____

My method of payment will be

_____ check

_____ money order

_____ ACH (automatic withdrawal from bank account-no additional fees)

_____ Brightwheel (processing fees may apply)

Please Initial

_____ I have read the School Year Policy Book

_____ I have read the COVID-19 Guidelines

_____ I will wait for the Brightwheel App invitation and download it when notified

Please let us know if you would like to share any talents with your child's class and/or how you would like to be involved in any classroom activities?

GETTING TO KNOW YOU!

Fill in the information below about your child to help the teachers get to know them better.

Parents names: _____

Siblings & Ages: _____

Contact numbers: _____

Email addresses: _____

Allergies: _____

ABOUT YOUR CHILD:

3 Words to describe your child:

Helpful information/hints that will help us get to know your child, their preferences and routines to help them better get acclimated to the classroom:

Areas where you hope to see some improvement this school year:

What is your child looking forward to this year:

What soothes your child? _____

How does your child communicate their needs? _____

Are there any concerns you have about your child's development? _____

Is your child receiving any developmental services? If so, which services and how many days/hours a week? _____

Any other information you think we should know:
