

# stepping stones

An Early Childhood Learning Center

## SCHOOL YEAR TUITION 2025-2026

Child's Name (last): \_\_\_\_\_ (first): \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Male  Female

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

**2-YEAR-OLD CLASS – Born 2023 (Must be 2 by September 5, 2025) (Location-245 86<sup>th</sup> Street)**

<u>Days of the Week</u>	<u>Scheduled Time</u>	<u>School Year Tuition</u> Due Aug 1 <sup>st</sup>	<u>Monthly Tuition</u>	<u>Extended Morning Only</u> 7am drop off (monthly fee)	<u>Extended Afternoon Only</u> 4pm pick up (monthly fee)	<u>Extended Afternoon Only</u> 6pm pick up (monthly fee)	<u>Extended Morning/Afternoon</u> 7am-6pm (monthly fee)
Mon-Fri	8:30am – 3:00pm	\$16,530	\$1740	\$215	\$215	\$425	\$530
Mon,Wed,Fri	8:30am – 3:00pm	\$12,255	\$1,290	\$165	\$165	\$320	\$425
Tues, Thurs	8:30am – 3:00pm	\$8,220	\$865	\$90	\$90	\$175	\$240
Mon-Fri	8:30am - 11:30am	\$10310	\$1,085	\$215	n/a	n/a	n/a
Mon,Wed,Fri	8:30am - 11:30am	\$7,555	\$795	\$165	n/a	n/a	n/a
Tues, Thurs	8:30am - 11:30am	\$4,990	\$525	\$90	n/a	n/a	n/a

#### Payment Plans: (Please choose)

\_\_\_\_ Monthly Tuition plans start on August 1<sup>st</sup> and end on April 1<sup>st</sup> for nine total payments. The security deposit is one month's tuition fee including extended day fees if applicable. The deposit is applied to the last month of the school year. Due upon registration.

\_\_\_\_ Yearly Tuition (discounted rate) is due on August 1<sup>st</sup>. The security deposit due is 10% of the yearly tuition chosen, including the extended day fees if applicable. This fee will be deducted from your tuition total due August 1<sup>st</sup>.

\*The sibling discount is 5% for one student of equal or lesser value.

\*The completed health forms are due June 1<sup>st</sup>.

\*Flu vaccinations are required to be submitted from August 1st to December 31<sup>st</sup>.

Monthly Tuition for Schedule Chosen: \$ \_\_\_\_\_

Yearly Tuition for Schedule Chosen: \$ \_\_\_\_\_

Add extended day fees if applicable.

Non-Refundable/Non-Applicable Registration Fee: \$285.00

Security Deposit: \$ \_\_\_\_\_

Total Due to Register: \$ \_\_\_\_\_

#### Method of Payment:

\_\_\_\_ ACH (Electronic transfer-Form needed)

\_\_\_\_ Brightwheel App (billed on the app)

\_\_\_\_ Check

\_\_\_\_ Cash

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## CHILD INFORMATION FORM 2025-2026

Child's Name (last): \_\_\_\_\_ (first): \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Male  Female

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Child lives with: \_\_\_\_\_ Number of Siblings: \_\_\_\_\_ Names/ Ages: \_\_\_\_\_

Child's Primary Language: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_

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/Authorized Pickup (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 #:

## SCHOOL YEAR AGREEMENT CONTRACT (September 2025 to June 2026)

Name of Child #1: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Child #2: \_\_\_\_\_ DOB: \_\_\_\_\_

### Communication between Parent/Teacher/Stepping Stones

- The Parent acknowledges that they received the current copy of the School Year Policy Book.

### Program Fees/Withdrawals:

- **FOR CHILDREN BORN 2023-** 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 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 1<sup>st</sup> and your last payment will be April 1<sup>st</sup>. All monthly tuition payments are due before the 5<sup>th</sup> of every month. A late fee of \$20 per day will be charged after the 5<sup>th</sup>. For termination of enrollment or request to leave the program before the end of the school year in June 2026, your security deposit will be applied to that current month. Your child's placement will then be considered terminated.
- Yearly Tuition Payment is due August 1<sup>st</sup>. (This payment option is discounted at 5%).
- A sibling discount of 5% will be applied to one 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.)

### 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, 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). Processing fees may be applied to the Brightwheel app payment.
- 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.

# SCHOOL YEAR AGREEMENT CONTRACT (September 2025 to June 2026)

Name of Child #1: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Child #2: \_\_\_\_\_ DOB: \_\_\_\_\_

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/children, 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 herein agrees to abide and comply by all the policies and procedures contained in the book.

***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](mailto:office@steppingstones86.com), [steppingstones86@aol.com](mailto:steppingstones86@aol.com), [missdawn@steppingstones86.com](mailto:missdawn@steppingstones86.com)

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## PARENT CHECK OFF LIST OF FORMS to SUBMIT

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 with your child's classmates:

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 CHECKLIST

- \_\_\_\_\_ School Year Tuition Form
- \_\_\_\_\_ Child Information Form
- \_\_\_\_\_ School Year Contract Agreement
- \_\_\_\_\_ Authorized Escort Form
- \_\_\_\_\_ Permission Form
- \_\_\_\_\_ ACH Form (automatic bank withdrawal)
- \_\_\_\_\_ Child/Family Information Sheet (new students)

### HEALTH FORM CHECKLIST

\_\_\_\_\_ Child 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  
(IF NEEDED)

\_\_\_\_\_ Epi-pen Administration Permission Form  
(IF NEEDED)

\_\_\_\_\_ Asthma Plan Form  
(IF NEEDED)

### PAYMENT PLANS

I have chosen to pay

\_\_\_\_\_ Yearly

\_\_\_\_\_ Monthly

\_\_\_\_\_ Deposit made today in the amount of \$ \_\_\_\_\_

My method of payment will be

\_\_\_\_\_ Check

\_\_\_\_\_ Money Order

\_\_\_\_\_ ACH (automatic withdrawal from bank account)

\_\_\_\_\_ Brightwheel (processing fees may apply)

\_\_\_\_\_ Cash

### Please Initial

\_\_\_\_\_ I have read the School Year Policy Book

\_\_\_\_\_ I understand my child must receive the flu vaccine between August 1<sup>st</sup> and December 31<sup>st</sup> as it is a requirement to remain in the program.

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?