

stepping stones

An Early Childhood Learning Center

SUMMER CAMP REGISTRATION FORM 2025

•245 86th Street, Brooklyn, NY 11209 •247 86th Street, Brooklyn, NY 11209 •9321 Ridge Blvd, Brooklyn, NY 11209

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 ___/___/___

MINI CAMP

ART & SCIENCE WEEK for children born 2018 to 2023

SELECT THE GROUP for 86th STREET for MINI CAMP:

- Friday, June 27th to Thursday, July 3rd 8:00am to 3:00pm \$650
*Non- Refundable Deposit required to register \$50
 Balance of \$600 due May 1st*

SIX WEEK SESSION ONLY- WEEKLY THEMES ATTACHED

Mon, July 7th to Fri, August 15th

SELECT THE GROUP for 86th STREET:

- TODDLERS** –Born 2023 (Must be 2 by June 30, 2025)
 EXPLORERS– Born 2022
 PRESCHOOLERS -Born 2020-2021
 JUNIORS -Born 2018 to 2019

Hours of Operation: 7:00am-3:30pm

- Full day** 8:00am-3:00pm **Half Day** 8:00am-11:00am
Full Day 8:00am-3:00pm **Half Day** 8:00am-11:00am
Full Day 8:15am-3:15pm **No Half Days**
Full Day 8:15am-3:15pm **No Half Days**

SELECT THIS GROUP FOR 94th STREET:

- PRESCHOOLERS** – Born 2020-2021

Full Day 8:15am-3:15pm **No Half Days**

	<u>Days of the Week</u> Select the row.	<u>Scheduled Time</u>	<u>Summer Tuition</u>	<u>Extended Morning 7am drop off</u>	<u>Please choose the program and write each child's name next to the schedule chosen.</u>
<input type="checkbox"/>	Five Days a Week Mon, Tues, Wed, Thurs, Fri	FULL DAY	\$3715	\$205	
<input type="checkbox"/>	Three Days a Week Mon, Wed, Fri	FULL DAY	\$2975	\$155	
<input type="checkbox"/>	Two Days a Week Tues, Thurs	FULL DAY	\$2360	\$105	
<input type="checkbox"/>	Five Days a Week Mon, Tues, Wed, Thurs, Fri	HALF DAY	\$2515	\$205	
<input type="checkbox"/>	Three Days a Week Mon, Wed, Fri	HALF DAY	\$2050	\$155	
<input type="checkbox"/>	Two Days a Week Tues, Thurs	HALF DAY	\$1700	\$105	

Non-Refundable Deposit required to register \$300 per camper

NO REGISTRATION FEE- DEPOSIT ONLY

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 tuition of equal or lesser value. Trip fees are not included. Trips for Toddlers & Explorers will be indoor events. Preschoolers and Juniors will receive trip slip with fees.

*All new student immunizations must be completed on a physical examination by 4/1/2025.

Camper cannot begin unless a form is submitted with up-to-date immunizations.

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CHILD INFORMATION REGISTRATION FORM 2025

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: _____ _____ _____ Medical Conditions, allergies (Explain): _____ _____ Life-threatening allergies <input type="checkbox"/> No <input type="checkbox"/> Yes (explain) _____ Epi Pen <input type="checkbox"/> Yes <input type="checkbox"/> No 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? _____ Please attach IEP with enrollment.	<u>Authorized Pick Up and Emergency Contacts</u> <u>(other than Parent/Guardian):</u> Name _____ Relationship to child: _____ Phone: _____ Name _____ Relationship to child: _____ Phone: _____ Name _____ Relationship to child: _____ Phone: _____
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Any additional information you would like to tell us about your child: _____

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SUMMER CAMP 2025 AGREEMENT CONTRACT continued

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 Summer Camp Policy Book and will comply with all the terms and conditions of the program.

Program Fees/Withdrawals:

- At the signing of this contract, the parents agree to pay an initial \$300 non-refundable deposit fee per child. The 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 refunded or credited due to absences, child quarantine, 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 May 1st for a summer tuition refund. The \$300 deposit is non-refundable. No refunds after May 1st.
- 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 2025 will not have any extended hours after dismissal.
- Mini Camp is from 8am to 3pm. Extended hours are not available.

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 credit card fees charged by Brightwheel.
- 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.

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SUMMER CAMP 2025 AGREEMENT CONTRACT

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, do hereby authorize and consent the directors, teachers and employees of Stepping Stones to contact the persons named on this form, and to 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 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. 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 or steppingstones86@aol.com

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- stepping stones –the next step • 9321 ridge boulevard • brooklyn, new york 11209 • p.718-630-1000