

Stepping Stone Day School Center, LLC

Enrollment Application

Please print completely and legibly

For Office Use Only:

Registration Fee: _____

Date Paid: _____

In Brightwheel: _____

Child's Name: _____
(Last Name) (First) (Nickname)

Date of Birth: _____ - _____ - _____ Sex: Male ☐ Female ☐ First Day of Enrollment _____ - _____ - _____
(Month) (Day) (Year) (Month) (Day) (Year)

Circle days to attend: Mon. Tues. Wed. Thurs. Fri. (Approx.) Arrival Time: _____ Departure Time: _____

Name of Grade School _____

Parent Information:

E-mail Address: _____@_____

Enrolling Parent/Guardian: _____
(Last Name) (First Name)

Relationship to Child: _____ Mobile Phone Number: _____

Address: _____ City: _____ State: ____ Zip: ____

Employer: _____ Work Phone Number: _____ ex: ____

Work Address: _____ City: _____ State: ____ Zip: ____

Work Hours: _____

Parent/Guardian: _____
(Last Name) (First Name)

E-mail Address: _____@_____

Relationship to Child: _____ Mobile Phone Number: _____

Address: _____ City: _____ State: ____ Zip: ____

Employer: _____ Work Phone Number: _____ ex: ____

Work Address: _____ City: _____ State: ____ Zip: ____

Work Hours: _____

Primary Residence: ☐ with Mother ☐ with Father ☐ with Both ☐ with Guardian (Name): _____

If divorced, who has legal custody? _____

May the non-custodial parent pick up the child? Yes No

(If yes, include name in release below. If no, Documentation from the court may be required.)

Enrollment Application

(Continued)

The child will be released only to the people on this application and the following people:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

If Parent/Guardian cannot be reached in an emergency, please call:

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Hospital Preference: _____

Child's Physician: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Child's Dentist: (If applicable) _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Please check the following if allowed.

- ☐ In an **emergency**, Stepping Stone has my permission to call an ambulance or go to a physician at my expense.
- ☐ **Any allergies or special needs?** If yes, what, _____
- ☐ Does your child have any fears or problems? If yes, list what, _____
- ☐ Is your child currently on any **medications**? If yes, Name/reason? _____
- ☐ Has your child been cared for by other than parents? If yes, whom? _____
- ☐ My child may be taken on **field trips/school** by walks, bus, van, or other private motor vehicles under proper supervision.
- ☐ My child may have his/her **picture taken** and used for publicity or news purposes.

RACIAL OR ETHNIC GROUP (OPTIONAL)

Mark one ethnic identity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Mark one or more racial identities: ☐ Native Hawaiian or Other Pacific Islander ☐ American Indian & Alaskan Native ☐ White, not of Hispanic origin ☐ Black or African American ☐ Other

Parent Agreement

- ◆ **I agree to pay in advance each week's tuition.** A \$10.00 late fee will be added if not paid by Wednesday.
- ◆ **I agree to pay** a fee for late pick-ups. \$1 for every minute after 6pm
- ◆ **I agree to pay** \$ 20.00 fee on all checks returned NSF.
- ◆ **I agree to pay a \$65.00 non-refundable registration fee at the time of enrollment per child.**
- ◆ **I agree to pay a renewal fee of \$65.00 every September.**
- ◆ **I agree to pay** for my scheduled day's even if my child does not attend.
- ◆ **I agree to pay** and give a two weeks' notice for any permanent schedule change.
- ◆ **I acknowledge** that I can access the parent handbook and all Stepping Stone Policies on the Brightwheel website.
- ◆ **I agree to pay** a finder's fee of \$10.00 if I do not notify Stepping Stone Day School of my after schooler's absence from school.
- ◆ **Failure to pay** any unpaid balance on accounts will result in legal action at my expense.
- ◆ By signing below, **I acknowledge** that I have reviewed a copy of the current license certificate for this facility.

(SIGNATURE OF PARENT OR GUARDIAN)

(DATE)

THIS FORM MUST BE COMPLETED AND RETURNED **ON OR BEFORE** THE FIRST DAY OF ATTENDANCE. THANK-YOU

Stepping Stone Day School Center, LLC.

EMERGENCY CONSENT FORM

If your child needs emergency medical care and you aren't available to give formal consent to medical authorities, care may be unnecessarily delayed. To protect your child, leave a completed EMERGENCY CONSENT FORM WITH YOUR CHILDCARE PROVIDER. In the event of a medical emergency, the form should accompany your child to the hospital / clinic so that medical treatment can be rendered.

I / we hereby authorize Stepping Stone Day School Center, LLC to give consent for all transportation, medical and/or surgical treatment that may be required for our child/children during our absence.

We will have you renew this form once a year.

Child's Name	Date of birth	Chronic Illness	Allergies	Current Medications	Date of last tetanus immunization

COMMENTS:

Physician: _____ Phone Number: _____

Name of Parent/Guardian: _____ Phone Number: _____

Address: _____

Employer: _____ Phone Number: _____

Health Insurance Co. _____ Member No: _____

Group No: _____ Phone Number: _____

Nearest relative: _____ Phone Number: _____

(SIGNATURE OF PARENT OR GUARDIAN)

(DATE)

THIS FORM MUST BE COMPLETED AND RETURNED **ON OR BEFORE** THE FIRST DAY OF ATTENDANCE. THANK-YOU

Signature Update: _____ Date: _____

Signature Update: _____ Date: _____

Signature Update: _____ Date: _____

Signature Update: _____ Date: _____

Signature Update: _____ Date: _____

