

# Stepping Stone Day School Center, LLC Enrollment Application

Please print completely and legibly

For Office Use Only:

Mom's code \_\_\_\_\_

Dad's Code: \_\_\_\_\_

Registration Fee \_\_\_\_\_

Date of Enrollment: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
(Last Name) (First) (Nickname) (Middle Initial)

Child's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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 #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ ex: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
(Last Name) (First Name)

E-mail Address: \_\_\_\_\_ @ \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Mobile Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ ex: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Primary Residence:  With Mother  with Father  with Both  with Guardian (Name): \_\_\_\_\_

Parent's Marital Status:  Married  Single  Separated  Divorced  Widowed

# Enrollment Application (Continued)

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.)

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

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Dentist: (If applicable) \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Any allergies or special needs? Yes No If yes, what \_\_\_\_\_

If Mother or Father cannot be reached in an emergency, please Call:

Name: \_\_\_\_\_ Phone # (503) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

In an emergency, Stepping Stone has my permission to call an ambulance or go to a physician at my expense. Yes or No

Does your child have any fears or problems? \_\_\_\_\_

Is your child currently on any medications? Yes No If yes, Name/reason? \_\_\_\_\_

Has your child been cared for by other than parents? Yes No If yes, whom? \_\_\_\_\_

My child may be taken on field trips/School by walks, bus, van, or other private motor vehicles under proper supervision. Yes No

My child may have his/her picture taken and used for publicity or news purposes. Yes No

## 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. \$ 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 week's notice for any permanent schedule change.
- ◆ I acknowledge that I can access the parent handbook and all Stepping Stone Policies on the Brightwheel website.
- ◆ Failure to pay any unpaid balance on accounts will result in legal action at my expense.

\_\_\_\_\_  
(SIGNATURE OF PARENT OR GUARDIAN)

\_\_\_\_\_  
(DATE)

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