

Stepping Stone Day School Center, LLC

Enrollment Application

Date _____

Child's Name		Child's Nickname	
Date of Birth		First Day Of Enrollment	
Child Age		Child Age	
Days to Attend <input type="checkbox"/> Mon. <input type="checkbox"/> Tue <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. Arrival Time _____ Departure Time _____			
Name of Grade School			School Phone
ALLERGY ALERT		Does your child have allergies? <input type="checkbox"/> YES* <input type="checkbox"/> No <i>*If yes please complete an allergy care plan</i>	
Parent or Guardian Contact Information			
Name			Relationship
Phone Number		Email Address	
Home Address (street, City, Zip)			
Employer and Work Hours		Work Address (Street, City, Zip)	
Work Phone		Work Phone	
Name			Relationship
Home Address (street, City, Zip)			
Phone		Email Address	
Employer Name and Work Hours		Work Address (Street, City, Zip)	
Work Phone		Work Phone	
Primary Residence: <input type="checkbox"/> With Mother <input type="checkbox"/> With Father <input type="checkbox"/> With Guardian			
If divorced may the non-custodial parent pick up the child? <input type="checkbox"/> Yes <input type="checkbox"/> No *If no, court documentation is required.			
Required Emergency Contact Information - Person other than parent or guardian that is authorized to pick up child			
Name		Phone	
Relationship		Relationship	
Name		Phone	
Relationship		Relationship	
Authorized Pick- Up (person other than parent or guardian authorized to pick-up)			
Name		Phone	
Relationship		Relationship	
Name		Phone	
Relationship		Relationship	

Medical Contact Information

Insurance Provider and Policy Information (if applicable)

Child's Medical provider(s) or emergency care facility

Phone

Child Medical Information

Does your child have any chronic health issues or specific care needs (such as previous serious illnesses or injuries)? **Yes*** **No** **If yes, Please complete a written care plan**

Does your child regularly need medication, or have medications prescribed for continuous, long-term use?

Yes **No** If yes, why?

Child General Information – please include any information that will assist us in providing quality care for your child

Had your child previously been in child care? Yes No

If yes, type of care and for how long?

General likes and dislikes

Child's home language

Eating Habits and schedule

Sleeping habits and schedule

Developmental and health history that could affect the child's participation in child care

Interactions with other children

How does your child like to be comforted?

Are there family cultural background, tradition, beliefs, or interests that you would like to share with us?

Does your child have any special needs (IFSP, IEP, etc)? **Yes*** **No** **If yes, please complete a written care plan**

Parent Or Guardian Authorizations

Please list any restrictions to permission of the following:

Yes **No** My child may be taken on field trips and to school, by walks, bus, van, or other private motor vehicles under proper supervision. **Note:** A signed permission slip is required for all field trips.

Yes **No** My child may be photograph and or record for publicity, news purposes and social media.

Yes **No** My child may use sunscreen (**any brand**). **Parents will provide sunblock.**

Yes **No** My child **must** use Special Sunscreen for allergies/sensitive skin. **Parents will provide sunblock.**

Yes **No** My child may apply their own sunscreen under adult supervision.

Yes **No** My child may use diaper wipes/ diaper ointment. **Parents will provide.**

Yes **No** My child may participate in religious or cultural events described in center policy, including special occasions where food is being served

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 per child.
 - **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 per child.
 - **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 schedule change.
 - **I agree to pay** a finder's fee of \$10.00, if I **DON'T** notify Stepping Stone Day School that my school age child won't be getting of the bus or need transportation from school.
 - **Failure to pay any unpaid balance on accounts will result in legal action at my expense.**
 - **I have reviewed a copy of the current license certificate for this facility.** (front bulletin board)
 - **I acknowledge that I can access the parent handbook and all Stepping Stone Policies on the Brightwheel website.** (hard copy available upon request)
- * **In an emergency:** Stepping Stone has my permission to call an ambulance or transport my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child must be notified as soon as possible.

By signing I agree to all listed above in parent agreement.

Parent/ Guardian Signature:

Date:

Enrollment form annual review or update(s). A center must have the parent or guardian review, update, and sign or initial the enrollment form at least annually. Please date and initial below anytime the enrollment information is reviewed and/or updated.

Parent Initials:

Date:

Parent Initials:

Date:

Parent Initials:

Date:

Parent Initials:

Date:

Parent Initials:

Date:

Parent Initials:

Date: