



Enrollment Application

(Please complete one per child)

About my child:

Child's Name (Last, First, Middle Initial)		Nickname:	
Date of Birth	<input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Enrollment:	With Whom Does the Child Live?
			<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian (Specify)
Home Address:		Home Phone:	Alt Phone:
Expected hours/days of attendance:			

Primary Contact Persons:

Parent/Guardian 1		Relationship to child:	
Home Address:		Home/Cell:	
Employer	Employers Address:	Work Phone:	
Occupation:	Driver's License #/State	Email Address:	
Parent/Guardian 2		Relationship to child:	
Home Address:		Home/Cell:	
Employer	Employers Address:	Work Phone:	
Occupation:	Driver's License #/State	Email Address:	

Required by Texas Department of Family and Protective Services (DFPS): **At least one emergency contact that is authorized to pick up your child** in the event that neither parent/guardian can be reached. Your child will not be release to anyone who is not listed on this page without **YOUR** written permission. "I hereby authorize Stepping Stone School to allow my child to leave with the following people:"

Name:		Relationship to child:	
Home Address:	Phone:	Alt Phone:	
Name:		Relationship to child:	
Home Address:	Phone:	Alt Phone:	

I authorize my child to be released to the care of his/her sibling(s) under the age of 18 years old.

Name of Sibling:

Emergency Information:

In case of illness or injury, first please contact: ☐ Mother ☐ Father ☐ other (please specify: _____)

Name	Relationship to child	Address	Phone Number

"In the event I cannot be reached to make arrangements for emergency medical care at the time of illness or accident, I hereby authorize an employee of Stepping Stone School to take my child to the following physician/hospital/clinic, and I give my consent for necessary emergency care when my child is in the care of this physician/hospital/clinic"

Name of Physician:		Address:		Phone Number:	
<input type="checkbox"/> Trinity Mother Frances 800 Dawson, Tyler TX 75701 903-593-8441	<input type="checkbox"/> ETMC 1000 S. Beckham, Tyler, TX 75701 903-597-0351	<input type="checkbox"/> UTHCT 11937 US Hwy 271, Tyler, TX 75708 903-877-7777	<input type="checkbox"/> Other: _____ Address: _____ Phone: _____		

Parent/Guardian Signature: _____ Date: _____

Child Information and Health History:

Please list any allergies, existing illnesses, previous illnesses/hospitalizations during the past 12 months. Also list any medications that your child is taking long term.

Allergies:

Illnesses:

Hospitalizations:

Long term medications:

Pre-Kindergarten Children: Children who are 4 years of age by September 1st are required by The Special Senses and Communication Disorders Act to undergo a professional screening for vision and hearing problems annually. Stepping Stone School offers this professional screening on-site each year for an additional fee. Documentation of these screenings must be in the child's file and updated annually until he/she starts elementary school.

Parent/Guardian Signature: _____ **Date** _____

Permissions:**Parents Initials**

I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give my consent for my child to ride a bus.	
I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give my consent for my child to be transported and supervised by the operations employees for <input type="checkbox"/> emergency care <input type="checkbox"/> field trips	
I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give my consent for my child to participate in water activities (water table/sprinkler play/splashing or wading pools/swimming pools).	
I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give my consent for Stepping Stone to apply bug repellant as necessary.	
I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give my consent for Stepping Stone to apply sunscreen as necessary.	
I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give my consent for Stepping Stone to apply diaper cream as necessary.	
I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give my consent for Stepping Stone to administer <input type="checkbox"/> Tylenol <input type="checkbox"/> ibuprofen <input type="checkbox"/> Benadryl	
I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give my consent for my child's picture to be used for publicity purposes. (This may include face book, advertising, newspaper/news reports. This list is not meant to be all inclusive).	

General Release of Liability

Stepping Stone School, their agents and employees shall not be liable or responsible for and shall be held harmless by the undersigned from and against any and all claims and damages of every kind, including, but not limited to, injury or death of any person or persons and for damage to or loss of property arising out of or attributed directly or indirectly to the operations of the school or the performance of the school or its owner or employees in carrying out its child care and school functions and specifically including:

- 1.) Transportation to and from the school premises and while off premises for any school related activity. (A specific field trip permission form will be signed by parents for each field trip prior to any child leaving the school.)
- 2.) Swimming or other water activities on or off premises.
- 3.) Any other activity for which permission for the child's participation has been approved by a parent or guardian.

I have included a copy of my child's immunization record and physician's health statement. I understand that my child's file is incomplete until all required documentation is on file and enrollment will not be complete without it. I also understand that I must provide the center with an updated immunization record as available and an updated health statement annually. Stepping Stone must also be notified immediately any time the parent/guardian/emergency contact information has changed.

Parent/Guardian Signature _____ Date _____

Child History

Was the pregnancy full term? ☐ Yes ☐ No Was your child adopted? ☐ Yes ☐ No

Were there any complications during pregnancy/delivery? ☐ Yes ☐ No If yes, please explain:

Home and Family

Status of Parents: ☐ Married ☐ Divorced ☐ Separated ☐ Other: _____

Child lives with:

Name	Age	Relationship

If your child doesn't live with both parents, is there anything we should know about his/her experiences with either parent?

Child Care History

Has your child ever been separated from his/her primary caregiver for any length of time? ☐ Yes ☐ No Please explain:

Has your child ever been in a group setting before? ☐ Yes ☐ No Please Explain:

If yes, how did your child adjust to this environment?

Health

Is your child usually hungry for meals? ☐ Yes ☐ No Snacks? ☐ Yes ☐ No

Does your child have any food allergies? ☐ Yes ☐ No If yes, please list in detail below:

Favorite Foods:

Refused Foods:

Do you have any concerns about your child's eating habits? ☐ Yes ☐ No If yes, please explain:

Is your child on any type of special diet? ☐ Yes ☐ No If yes, Please explain:

What time does your child go to bed?

Wake Up?

Nap?

Do you have any concerns about your child's sleeping habits? ☐ Yes ☐ No If yes, please explain:

Does your child use the toilet? ☐ Yes ☐ No

Do you have any concerns about your child's use of the toilet? ☐ Yes ☐ No If yes, Please explain:

Does your child have any special needs?

Does your child have regular contact with children of his/her own age? ☐ Yes ☐ No

How does your child get along with other children?

General Information

What would you like us to know about your child?

What are your goals for your child while at Stepping Stone?

Please use this space to provide us with any additional information about your child?

Prior child care/school history

Has your child been enrolled at a previous child care/day care/in home center? ☐ Yes ☐ No

If yes, where? _____ How Long? _____

Reason for leaving? _____

Has your child ever been dismissed from a previous center? ☐ Yes ☐ No If yes, please explain: _____

What did you like about your child's previous provider? _____

What did you dislike? _____

How did you hear about Stepping Stone? _____

Additional Items:

____ My child will be on the hot lunch program. I understand that there is an additional \$65.00 fee.

____ I will provide my child with a lunch each day. I understand that daily hot lunch orders are not accepted.

____ My child will need a mat cover for an additional fee of \$12.00. Each child must have a mat cover each day, if I fail to bring a mat cover, one will be given to your child and your account will be charged accordingly.

____ Yes, I would like to purchase additional key tags (3 per family maximum) \$10.00 each.

Key holder 1 _____

Key holder 2 _____

Key Holder 3 _____

Enrollment Agreement

Please read and initial EACH section listed below, and sign the last page.

Tuition & Fees

____ Registration fee: I understand that a Registration fee is due for each child upon enrollment, then every August. Registration fees are non-refundable, nor are they pro-rated.

____ Enrichment Fees: Enrichment fees are due each semester for which your child is enrolled. All enrichment fees are non-refundable, nor are they pro-rated.

____ Tuition payments are due on every Monday, on the 1st and the 15th or on the 1st of each month. Families are to submit their billing preference in writing. In the event that you need to change your billing cycle, you must do so in writing.

____ I understand that rates are subject to change with reasonable notice as conditions require.

____ Late fees will be billed at a rate of 10% of the balance or \$10.00 (whichever is greater) as follows:
Weekly: for payments not received by the close of business on Tuesdays.

Semi-Monthly: for payments not received by the close of business on the 3rd and 18th.

Monthly: For payments not received by the close of business on the 3rd.

Late fees will continue to bill for ANY account balance after the close of business on Tuesdays at a rate of 10% if the balance or \$10.00 (whichever is greater).

____ Agency Reimbursement: I understand that I am solely responsible for full tuition and late fees in the event an agency or third party fails to pay.

____ Late Pick Up: Stepping Stone is open from 7am to 6pm, Monday thru Friday. I understand that I will be charged a late pick up fee of \$25.00 PLUS \$1.00 per minute any time a Stepping Stone employee is responsible for your child after 6:00pm.

____ Discounts: Stepping Stone offers a 7% sibling discount when one or more child is attending Stepping Stone School. The discount will apply towards the oldest child. Discounts are not applied for Prek or School Aged children during the summer. Discounts are not applicable on any fees or services, agency co-pays, or special program promotions.

____ Returned Checks: I understand that a \$30 processing fee will be charged to my account for all checks that are returned for any reason.

Daily Procedures:

____ Daily sign in and sign out: I agree to sign my child in and out every day using the school's sign in and out procedure. I understand that I must escort my child to and from their class.

____ Illness: I understand that I will be notified should my child become ill during the day and that I will pick up my child promptly or make arrangements for and authorized contact to provide pick up. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to the Illness Policy in the Parent Handbook.

____ Interviewing Children and Inspecting Records: I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect

and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.

____ Withdrawal from program: I understand that I must provide a 30 day notice of withdrawal from the program. I will be responsible for the full 30 days of tuition or fees regardless of my child's attendance.

Holidays, absences & closings:

____ I understand that no credits will be issued for holidays, unexpected or scheduled school closings, absences or student vacations. Tuition is still due at the regular rate regardless of your child's attendance.

____ State Licensing & Policies: I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations, the Parent Handbook, and all other company policies, which may be modified at any time, without notice. I also understand that the child care regulations may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all policies and state regulations.

____ Parent Handbook: I have received a copy of the Parent Handbook. I have read and understand its contents and policies.

____ Documents & Records: I understand and agree that all documents or records kept, provided to or maintained by Stepping Stone are the property of Stepping Stone. I understand that any requests for records will be charged \$5.00 per occurrence. All requests must be made in writing; Stepping Stone will have at least 5 business days, to complete the request.

____ Parent Signature

____ Date

Payment Options:

____ Weekly due each Monday. Late fees will be applied to accounts that have a balance due after the close of business on Tuesdays.

____ Semi-Monthly: Due on the 1st & 15th of each month. Late fees will be applied to accounts that have a balance due after the close of business on the 3rd and 18th of each month.

____ Monthly: Due on the 1st of each month. Late fees will be applied to accounts that have a balance due after the close of business on the 3rd of each month.

Please see the current Preschool Brochure for pricing and fees

Parent/Guardians Initials _____

Parent Orientation

- Tour of the facility
- Introduction to teaching staff
- Parent visit with the classroom teacher
- Overview of parent handbook
- Policy for arrival & late arrival
- Opportunity for an extended visit in the classroom by parent and child.
- An explanation of Texas Rising Star Quality Certification
- Encourage parents to inform the center/provider of any elements related to their CCS enrollment that the provider may be assistance.
- An overview of family support resources and activities in the community.
- Child development and developmental milestones provided.
- Parents are informed of the significance of consistent arrival times.
- Statement about limiting technology use on site to improve communication between staff, children and families.
- Statement reflecting the role and influence of families.

Parent/Guardian Signature

Date

Financial Responsibility Form

Child's Name _____ DOB _____
Mother's Name _____ Father's Name _____
Who is Responsible for the tuition? _____ Check here if NOT mother/father ____
Name _____ DOB _____ SS# _____
Address _____ City _____ State _____ Zip _____
Phone _____ Alt Phone _____
Work Location _____ WK Phone _____

I choose to pay my tuition: Monthly Bi-Monthly Weekly

*Voluntary withdrawal of the above-named child requires a 30-day business day written notice. Tuition is due regardless of the child's attendance.

*Families may be dismissed at any time due to non-payment of their account first.

*All payments will be applied towards the oldest balance on the account first.

*Late fees are applied at a rate of 10% of the balance after the due date & will continue to post each week on Wednesdays.

*Stepping Stone offers auto payment from checking account or credit card to avoid additional late fees.

*Families who have an inconsistent payment history may be required to enroll in auto payment to remain enrolled.

*Families with past due balances will be sent to an outside collection agency & any records will not be released until the account is brought to a current status.

*Families who need to obtain copies of their records will be required to pay an additional fee of \$10.00 for each occurrence.

For the complete financial policy of Stepping Stone School, see the Parent Handbook.

My signature below confirms that I have read, understand and agree with all financial policies.

Parent Signature

Date

Online Payments

As a customer of Stepping Stone School, I (we) wish to register at www.tuitionexpress.com for the purpose of making online payments using a credit card.

Cardholder Name _____ Phone _____

Address _____ City _____ State _____

Cardholder Signature _____ Date _____

Office Use:

Date received : _____ Received by: _____

Credit Card Authorization Form

I (we) hereby authorize Stepping Stone School to initiate recurring credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Cardholder Name _____ Phone _____

Cardholder Address _____ City _____ St _____ Zip _____

Account Number _____ Exp Date _____ Sec Code _____

Cardholder Signature _____ Date _____

Please charge my card:

Eff Date _____

_____ Weekly _____ Semi-Monthly _____ Monthly

_____ Check here if you wish to receive registration information to register online at www.tuitionexpress.com

Office Use:

Date received: _____ Received by: _____

Preferred Payment
Method!!!

Save \$10.00 per month

Bank Account Authorization Form

I (we) hereby authorize Stepping Stone School to initiate recurring debit entries to the below referenced checking or savings account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Accountholder Name _____ Phone _____

Address _____ City _____ St _____ Zip _____

Bank Name _____ Address _____

City _____ State _____ Zip _____

Routing No _____ Account No _____

Credit union members: Please contact your Credit Union to verify account and routing numbers for automatic payments

Signature _____ Date _____

Please debit my account:

Eff Date _____

_____ Weekly

_____ Semi-Monthly

_____ Monthly

_____ Check here if you wish to receive registration information to

register online at www.tuitionexpress.com

Please attach a voided check!

Office Use:

Date received: _____ Received by: _____