 (Please complete one per child)

Enrollment Application

**About my child:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Child’s Name (Last, First, Middle Initial) | | | | | | Nickname: |
| Date of Birth | □Female□Male | Date of Enrollment: | | With Whom Does the Child Live?  □ Mother□ Father□ Both□ 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: | |
| □Trinity Mother Frances  800 Dawson, Tyler TX 75701  903-593-8441 | □ETMC  1000 S. Beckham, Tyler, TX 75701  903-597-0351 | | □UTHCT  11937 US Hwy 271, Tyler, TX 75708  903-877-7777 | | □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 □give □do not give my consent for my child to ride a bus. |  |
| I hereby □give □do not give my consent for my child to be transported and supervised by the operations employees for □emergency care □field trips |  |
| I hereby □give □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 □give □do not give my consent for Stepping Stone to apply bug repellant as necessary. |  |
| I hereby □give □do not give my consent for Stepping Stone to apply sunscreen as necessary. |  |
| I hereby □give □do not give my consent for Stepping Stone to apply diaper cream as necessary. |  |
| I hereby □give □do not give my consent for Stepping Stone to administer □Tylenol □ibuprofen □Benadryl |  |
| I hereby □give □ 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 in 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 6:30am to 6:30pm, 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 6:30pm.

\_\_\_\_ 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 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 \_\_\_\_\_**