

Child's Name _____

Date Application Returned to office _____



**Stepping Stones Educational
Therapy Center, Inc.**

**Enrollment Registration
2018-2019**

**141 Futral Road
Griffin, GA 30224
770-229-5511**

**Donna Parks, Executive Director
Ken Bozeman, Program Director**

Non-Discriminatory Admissions Policy

STEPPING STONES EDUCATIONAL THERAPY CENTER ADMITS STUDENTS OF ANY RACE, COLOR, NATIONAL OR ETHNIC ORIGIN, TO ALL RIGHTS, PRIVILEGES, PROGRAMS AND ACTIVITIES GENERALLY ACCORDED OR MADE AVAILABLE TO STUDENTS AT THE SCHOOL. IT DOES NOT DISCRIMINATE ON BASIS OF RACE, COLOR, NATIONAL OR ETHNIC ORIGIN IN THE ADMINISTRATION OF ITS EDUCATIONAL POLICIES, ADMISSION POLICIES, ATHLETIC AND OTHER SCHOOL ADMINISTERED PROGRAMS.

Student's Name _____

Admission Checklist:

- _____ **Completed Enrollment Forms**
- _____ **Registration Fee**
- _____ **SB-10 Voucher Calculation Sheet**
- _____ **Recent Photograph of Student**
- _____ **Birth Certificate—Form 3231**
- _____ **Copy of Social Security Card**
- _____ **Eye, Ear, Dental and Nutrition Form 3300**
- _____ **Immunization Record or Religious Waiver**
- _____ **Copy of IEP**
- _____ **Copy of Psychological and/or Neurological Reports**
- _____ **Income Eligibility Statement (Open House)**
- _____ **Scholarship Application (attach copy of state income tax return and a copy of your most recent pay stub)**

Classes: (circle one)

NOTE: Children are placed in classes according to their age as of Sept. 1.

Bed Babies: (6 weeks)

1's

2's

3's

Days: M—F

M-F

M-F

M-F

M, W, F

M, W, F

M, W, F

M, W, F

T, Th

T, Th

T, Th

T, Th

Child's Name _____

Last

First

Middle

Name child goes by _____ Gender: Male Female Birth date ____/____/____

Home Address _____

City _____ Zip _____ County _____

Mailing Address, if different _____ Home Telephone _____

Parent/Guardian Information

Father's Name _____ Cell Phone _____

Place of Employment _____ Occupation _____

Business Phone _____ E-Mail _____

Mother's Name _____ Cell Phone _____

Place of Employment _____ Occupation _____

Business Phone _____ E-Mail _____

Information about Your Child

Names and Ages of Siblings _____

Child lives with ____ Father ____ Mother ____ Stepfather ____ Stepmother ____ Guardian ____ Grandparent

Photograph Authorization

Pictures of my child may be taken by Stepping Stones staff member for:

- Use within SS for class projects or school pictures YES _____ NO _____
- Use on the website and Facebook pages—pictures no names YES _____ NO _____
- Use in local newspaper—pictures no names YES _____ NO _____

Parent's/Guardian's Signature _____

Emergency Authorization

In case of an emergency, whom should we contact if we cannot reach parents/guardians?

Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Medical Contact

Child's Doctor _____ Telephone _____

Medical Information

Is student currently on medication? _____ Yes _____ No

List _____

Please list any medical/mental/emotional diagnoses for your child?

Any allergies: Food, Environmental, Medication, etc. _____

I give permission for my child to take _____ Tylenol _____ Advil/Motrin

(You will be contacted by the school nurse to be sure of when last does was given)

Signature of Parent/Guardian

Date

Ethnicity/Race: Is student: Hispanic/Latino? _____ YES _____ NO

_____ American Indian or Alaska Native _____ Asian _____ Black or African-American

_____ Hawaiian or Pacific Islander _____ White

Certificate of Immunization

GEORGIA LAW REQUIRES A CERTIFICATE OF IMMUNIZATION TO BE COMPLETED BY YOUR DOCTOR OR THE HEALTH DEPARTMENT BEFORE A STUDENT ENROLLS IN SCHOOL. STUDENTS MAY NOT ATTEND STEPPING STONES ETC WITHOUT HAVING A BIRTH CERTIFICATE AND A CERTIFICATE OF IMMUNIZATION ON FILE IN THE OFFICE.

Child's Name _____ **2018-2019 Class** _____

Release Authorizations—Other than parents/guardians, who is authorized to pick up your child?
(ID will be required upon request)

Name _____ Relationship to child _____
Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship to Child _____
Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship to Child _____
Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship to child _____
Home Phone _____ Work Phone _____ Cell Phone _____

Persons NOT approved to pick up your child:

Name _____ Relationship _____

Name _____ Relationship _____

(Court documentation must be provided for any parent that is not approved for pick-up)

Agreement

Please read and initial each statement:

_____ I understand that my obligation to pay the tuition and fees for the school year is unconditional after August 1st and that no portion of such tuition and fees will be refunded or cancelled notwithstanding the subsequent absence, withdrawal or dismissal from the school.

_____ Medication: Before any medication is dispensed to a child, you must provide written authorization which includes: date, name of child, name of medication, prescription number, dosage, date and time of day medication is to be given.

Medication must be in the original container with the child's name printed on it.

_____ Registration: A non-refundable registration fee of \$100.00 is due at the time you register your child for returning students. The enrollment fee for new students is \$150.00.

_____ I acknowledge it is the parent's responsibility to keep their child's records current to reflect any significant changes as they occur, (telephone numbers, work location, emergency contacts, child's physician, child's health status, medications and immunization records, pick-up list).

_____ Upon pick up, children MUST be signed out by an authorized adult before leaving the building.

_____ Upon signing this contract, you release Stepping Stones from liability and agree to hold the school harmless from incidents that may occur during the normal course of treating and teaching the student.

_____ Late Pick-up Fees: Stepping Stones provides after school for our preschool students (infant - 3 years old) until 5:30. A late fee of \$10.00 will be charged after the first 5 minutes and \$1.00 for each additional minute thereafter.

_____ Stepping Stones emergency transport procedures indicate that children will be taken by ambulance to WellStar Spalding Regional Medical Center. I agree with this transport policy. I will provide current physician phone numbers on required enrollment forms.

_____ Meal Fees: Stepping Stones offers daily meals (breakfast, lunch, and snacks) at a rate of \$50.00 per month, per student. For those who participate in the program, this fee is due on the first of each month, along with tuition payments.

_____ I understand Stepping Stones must comply with the Bright from the Start rules for licensed child care centers related to infant sleep requirements. All infants, defined as children under the age of 12 months must be placed to sleep on the infant's back unless there is written physician's statement on file that authorizes another sleep position.

I understand that in signing this Agreement for the coming school year, I am agreeing to accept the policies and procedures of the school as established by the Board of Directors and/or Administration of the school, the policies and procedures set forth in the school's handbook, and the financial terms and conditions described above. Furthermore, I specifically authorize the school to prohibit my child from attending classes and to refrain from the issuance of any of his/her reports or permanent records to anyone, including myself, until all charges have been paid in full.

Parent/Guardian Signature

(Date)

Registration Fee

The registration fee is \$100.00 for returning students and \$150.00 for newly enrolled students. The fee for two or more students is \$200.00. The registration fee is a non-refundable fee for the academic year in which your child is enrolling. This fee holds a place for your child at Stepping Stones Educational Therapy Center. The registration fee is due upon submission of application. The registration is required for all families, is non-refundable, and scholarship funds may not be applied to this fee.

Tuition and Fees

Tuition and meals are due on the first of each month. Tuition and fees can be paid by check, money order, credit/debit card. A handling fee of 2% will be charged for credit/debit card use. For the safety of our students and staff, Stepping Stones discourages payment in cash.

2018-2019 Tuition Schedule

<u>Classes</u>	<u>Number of Days Attending</u>	<u>Monthly Payment</u>
Babies-3 years old	5 days M—F	\$650.00
Babies-3 years old	3 days M, W, F	\$450.00
Babies-3 years old	2 days T, Th	\$320.00

All fees are subject to change.

A 10% discount on tuition fee is allowed when there is more than one child from the same family

Meals and Snack Fee

We serve breakfast, lunch and 1 afternoon snack. The cost is \$50.00 per month unless your child qualifies for the Free-Reduced lunch program.

I understand that I am responsible for all financial obligations that are incurred by the registration of my child in Stepping Stones ETC. Tuition payments are due on the 1st of each month. Account will be considered delinquent after the 10th of the month. A late fee of \$25.00 will be added to the amount due if tuition is more than 10 days late. ***If an account becomes more than 30 days delinquent the parent may be asked to withdraw their child from school. The student can be reinstated when the account is brought current.*** If a check is returned then all fees must be paid in cash, cashier’s check, or money order for the remainder of the year. We cannot accept postdated checks. Accounts must be paid in full before a student can be considered for enrollment for the next school year. Tuition is prorated over a 10 month period. Therefore, you owe the same amount each month, even when we are closed for breaks. By signing this statement, I fully understand that I am responsible for the entire tuition and fees amount for the present school year.

(Parent/Guardian Signature)

(Date)

OFFICE USE ONLY

Registration Fee:

Date _____ Amount _____ Check# _____ Credit Card _____ Cash _____

Tuition:

Date _____ Amount _____ Check# _____ Credit Card _____ Cash _____

Drop Off and Pick Up Hours

Pre-school (Infant - 3 yrs. old)

Students may be dropped off beginning at 7:30 am

Students may be picked up until 5:30 pm

The academic day begins at 8:00 am and ends at 3:00 pm

Lottery Pre-K

Students may be dropped off beginning at 7:30 am

Students should be picked up by 3:30 pm

The academic day begins at 8:00 am and ends at 3:00 pm

After School is available from 3:30 pm - 5:30 pm at a cost of \$35.00 per week

Academy Program (ages 5-14)

Students may be dropped off beginning at 7:30 am

Students should be picked up by 3:30 pm

The academic day begins at 8:00 am and ends at 3:00 pm

After School is available from 3:30 pm - 4:30 pm at a cost of \$35.00 per week

Drop in fee for after school 3:30 pm—4:30 pm at cost of \$15.00 per day

Late Charges:

Any child who is picked up after the after school cut off times will be charged a late fee as follows:

\$10.00 for the first five minutes and \$1.00 for each additional minute until the child is picked up.