

Child's Name _____

Date Application returned to the office _____



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

ACADEMY

Enrollment Registration

2020-2021

141 Futral Road

Griffin, GA 30224

770-229-5511

Fax: 770-233-0995

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.

Application for Admission

Student's Name _____

Admission Checklist:

- _____ **Completed Enrollment Forms**
- _____ **Registration Fee**
- _____ **Birth Certificate**
- _____ **Copy of Social Security Card**
- _____ **Eye, Ear, Dental and Nutrition Form 3300**
- _____ **Certificate of Immunization (Form 3231) or**
Affidavit of Religious Objection to Immunization
(Georgia Department of Public Health Form 2208)
- _____ **Copy of IEP**
- _____ **SB-10 Voucher Calculation Sheet**
- _____ **Copy of Psychological and/or Neurological Reports**
- _____ **Income Eligibility Statement (Open House)**
- _____ **Scholarship Application (attach copy of 2019 state income tax**
return and a copy of your most recent pay stub)
- _____ **Recent Photograph of Student**

Student Information

Today's Date ____/____/____

Start Date ____/____/____

Student's
Name _____

Last

First

Middle

Your child goes by _____ Gender: Male / Female

Date of Birth ____/____/____

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

(Please select all that apply)

____ American Indian or Alaska Native ____ Asian

____ Black or African-American ____ Native Hawaiian or Pacific Islander

____ White

Does your child have any Special Need(s): _____

Any special accommodation(s) needed for your child if he/she has Special Needs:

Home Address _____

City _____ Zip _____ County _____

Mailing address, if different _____

Student resides with ____ Father ____ Mother ____ Stepfather ____ Stepmother
____ Guardian ____ Grandparent

Number of people living in your household _____

Family Information

Father's Name _____ Cell Phone _____

Father's Employer _____ Occupation _____

Business Phone _____ Email Address _____

Mother's Name _____ Cell Phone _____

Mother's Employer _____ Occupation _____

Business Phone _____ Email Address _____

Please provide the following information only if any additional parent addresses other than the student's primary residence (legal guardian) will require school correspondence.

Name _____ Relation _____

Address _____ Cell Phone _____

Employer _____ Work Phone _____

Please list name and age of all siblings living at home _____

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 _____

Language Background (required information):

Which language does your child best understand and speak?

Which language does your child most frequently speak at home?

Which language do adults in your home most frequently use when speaking with your child?

Language for School Communication:

In which language would you prefer to receive school information?

Medical Information

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 dose was given)

Signature of Parent/Guardian

Date

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.

Registration

The information provided in this application is to the best of my knowledge complete, accurate, and true. I understand that the application fee must be paid before a child is enrolled and that it is non-refundable. I understand before my child can attend the first day of school that all fees and first month's tuition must be paid. I understand that a school transcript or last report card, birth certificate, and a current immunization form must be turned into the school office before my child can attend the first day of school.

(Parent/Guardian Signature)

(Date)

(Parent/Guardian Signature)

(Date)

Photograph Authorization

Pictures/Video 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 _____
- Use in printed material such as brochures and newsletters YES _____ NO _____

Parent's/Guardian's Signature _____ Date _____

Field Trip Information

Occasionally, classes will take short field trips for concept reinforcement. A permission slip will be sent home before each field trip. It should be signed and returned to the teacher. Stepping Stones staff cannot transport children in their private vehicles and this is one of the reasons that we request a parent or a parent representative accompany their child on these trips.

Enrollment 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. 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

_____ **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:** The registration fee is \$100.00 for returning students and \$150.00 for newly enrolled students. The fee for two or more students from the same family is \$200.00. The registration fee is applicable for the academic year in which your child is registering. The registration fee is due upon submission of application. The registration fee is required for all families and scholarship funds may not be applied to the registration fee. The registration fee for new students will only be refunded if a spot does not open for your child to attend.

Enrollment Agreement (Continued)

_____ 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 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.

_____ After school care for Academy students is until 4:30 at a cost of \$35.00 per week.

_____ 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 snack) 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 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

Financial Support

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. Payment accepted: check, credit/debit card with a 2% handling fee charged. 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 received after the 10th of each month. *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

Tuition and Fees

Program	# of Days Attending	Tuition Monthly
Academy Classes (5-14 yrs. old)	5 days	\$1,000.00

The registration fee is \$100.00 for returning students and \$150.00 for newly enrolled students. The fee for two or more students from the same family is \$200.00. The registration fee is applicable for the academic year in which your child is registering. The registration fee is due upon submission of application. The registration fee is required for all families and scholarship funds may not be applied to the registration fee. The registration fee for new students will only be refunded if a spot does not open for your child to attend.

After School

After school is available until 4:30 for Academy students. The charge will be added to your monthly tuition.

Meals/Snack

Meal and Snack fee will be \$50.00 per month unless your child qualifies for the Free-Reduced lunch program.

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.

Scholarship

See Kay Crawley in the front office for scholarship forms. Please note that scholarships are only available to special needs students.

Parent Questionnaire

In order to know your student and your family better, your responses below will be helpful to us in the admissions process. Thank you in advance for your time and insight.

Applicant's Name _____ Age _____

How did you hear about Stepping Stones Educational Therapy Center?

What are your child's academic strengths/weaknesses?

Briefly describe your child's personality.

Has your child ever repeated a grade? Yes No Skipped a grade? Yes No

If yes, please indicate the grade(s) _____. Briefly describe the circumstances.

Has your child ever been enrolled in a specialized learning program? (Special Education, gifted) Yes No, briefly describe.

Has your child been diagnosed with any physical or psychological problem? (ADD, ADHD, etc.) Yes No, briefly describe.

Has your child ever been suspended, expelled, or asked to withdraw from any school?

Yes No If yes, please give reason and circumstances.

My signature below indicates that all information on this application is complete & factually presented.

Parent/Guardian Signature

Date

Release Authorization

Child's Name _____ **2020-2021 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 _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship to Child _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship to Child _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name _____ Relationship to child _____

Address _____

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)

Records Release Authorization

To be signed and submitted by parent/guardian to the applicant's present school.

To: Principal or Guidance Counselor:

My child is an applicant for admission to Stepping Stones Educational Therapy Center. I hereby authorize you to release to Stepping Stones Educational Therapy Center the following records: a certified copy of the complete transcript (including grades and all standardized test results), immunization health records (Form 3231), dental, hearing, vision form (Form 3300), birth certificate, Social Security Card, and any other data pertinent to understanding the student's individual needs.

(Example Student Support File, Individualized Education Plan, Psycho-educational or Psychological Evaluation)

Student

Name _____
Last First Middle

Date _____ Current Grade Level _____

Name of Current School _____

School Address _____

School Telephone _____

Parent/Guardian Signature

Date

Please mail or fax to:

**Admissions
Stepping Stone Educational Therapy Center, Inc.
141 Futral Road
Griffin, GA 30224**

770-229-5511

Fax: 770-233-0995

Drop Off and Pick Up Schedule

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

Students may not be dropped off any later than 8:00 am unless prior arrangements have been made with the teacher. Thank you for your cooperation concerning start time. This helps teachers establish rules and procedures.

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

Emergency drop in is available for after school from 3:30 pm - 5:30 pm at a cost of \$15.00 per day

Students may not be dropped off any later than 8:00 am unless prior arrangements have been made with the teacher. Thank you for your cooperation concerning start time. This helps teachers establish rules and procedures.

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

Emergency drop in is available for after school from 3:30 pm - 4:30 pm at a cost of \$15.00 per day

Students may not be dropped off any later than 8:00 am unless prior arrangements have been made with the teacher. Thank you for your cooperation concerning start time. This helps teachers establish rules and procedures.

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.