

Child's Name \_\_\_\_\_

Date Application returned to the office \_\_\_\_\_



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

**PRE-K**

**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 Stepping Stones Forms**
- \_\_\_\_\_ **Completed Bright From the Start Forms**
- \_\_\_\_\_ **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)**
- \_\_\_\_\_ **2 Proofs of Residency (Utility Bill & Lease or Mortgage)**
- \_\_\_\_\_ **Copy of eligibility confirmation of Food Stamps, SSI, Medicaid,  
or TANF (if qualifies)**
- \_\_\_\_\_ **Copy of IEP**
- \_\_\_\_\_ **Copy of Psychological and/or Neurological Reports**
- \_\_\_\_\_ **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**

## 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 _____
<b>Please provide the following information only if any additional parent addresses other than the student's primary residence (legal guardian) will require school correspondence.</b>	
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 _____
<b><u>Emergency Medical Contact</u></b>		
Child's Doctor _____	Telephone _____	

## 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 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)

**Language Background (required information):**

Which language does your child best understand and speak?

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Which language does your child most frequently speak at home?

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

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**Language for School Communication:**

In which language would you prefer to receive school information?

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## 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 reason that we request a parent or a parent representative accompany their child on these trips.**

## Enrollment Agreement

Please read and initial each statement:

\_\_\_\_\_ **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.**

\_\_\_\_\_ **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.**

## Enrollment Agreement (Continued)

\_\_\_\_\_ **Late Pick-up Fees:** Stepping Stones provides care for our preschool students. A late fee of \$10.00 will be charged after the first 5 minutes and \$1.00 for each additional minute thereafter. After school care is available for our Pre-K until 5:30 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 this program, the fee is due on the first of each month.

\_\_\_\_\_ I understand Stepping Stones must comply with the Bright from the Start rules for licensed child care centers.

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. .

**The fees for meals are due on the first of each month. The 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. Payment must be paid by the 10th of each month or a \$15.00 late fee will be added to the account.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## **Tuition and Fees**

<b>Program</b>	<b># of Days Attending</b>	<b>Tuition Monthly</b>
<b>6 wks. - 3 yrs. old</b>	<b>5 days M-F</b>	<b>\$750.00</b>
<b>Lottery Funded Pre-K</b>	<b>5 days</b>	<b>FREE</b>
<b>Academy Classes (5-14 yrs. old)</b>	<b>5 days</b>	<b>\$1,000.00</b>

### **After School**

After school is available until 5:30 for Pre-K students.  
The cost for after school for Pre-K is \$35.00 per week.

### **Meals/Snack**

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

## 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?

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What are your child's academic strengths/weaknesses?

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Briefly describe your child's personality.

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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.

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

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

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

Yes  No If yes, please give reason and circumstances.

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

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Parent/Guardian Signature

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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)***



## **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.\*\**