

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

Date Application Returned to Office \_\_\_\_\_



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

**PRE-K**

**Enrollment Registration**

**2022-2023**

**141 Futral Road**

**Griffin, GA 30224**

**770-229-5511**

**Fax: 770-233-0995**

**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

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 \_\_\_\_\_

## 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

Date

## 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)

# Language Information

## Required:

Dear Parent or Guardian:

The school is required to collect a Home Language Survey for every new student. This information is used to identify students who may need English language instruction. Students whose primary or first language is not English must be screened to determine eligibility.

**Please answer the questions below to help us identify if your child may need to be assessed for English Language proficiency. Thank You!**

**1. Which language does your child best understand and speak?**

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**2. Which language does your child most frequently speak at home?**

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

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**In addition, the state requires the district to collect family's preferred language for school communication. Thank you for indicating this below.**

**Household Preferred Language for School Communication:**

**4. In which language would you prefer to receive school information?**

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**Signature of Parent/Guardian/Other (required)**

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**Date: (required)**

## Tuition and Fees

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

### 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.

### Scholarship

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

**\*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.\***



## **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.**

## 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.

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

\_\_\_\_\_ 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.

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

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 1<sup>st</sup> of each month. Payment accepted: check, credit/debit card with a 2% handling fee charged. Account will be considered delinquent after the 10<sup>th</sup> 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**

## 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.**

## 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**

## Release Authorization

Child's Name \_\_\_\_\_ (2022-2023) Class \_\_\_\_\_

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

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**

## Google Classroom - Parent Permission Form

Stepping Stones Educational Therapy Center is actively integrating educational technology tools into the curriculum through Google Classroom. These tools will help our students as we work together to achieve academic success. Google classroom is a web service that may be utilized on any computer or device with Internet access. The education version of Google Apps provides a self-contained, ad free, and filtered environment for students and staff to create, edit, collaborate, and share information with each other; as well as, when appropriate, publish some resources publicly. We make every effort to ensure that the internet usage is safe.

The features and options available will be based on grade level, student awareness, requirements for coursework, and formal permission from parents/guardians.

In order for students to have a google classroom account, you will need to set up a gmail account for them (I think you can just use their Initials) or we will need to use your email account. This account is only for setting up an account in google classroom. Student accounts may include a variety of Google Apps such as (but not limited to) shared documents, calendars, websites, and educational blogs. The accounts will be used at school for access on our Chromebook and other devices to participate on educational activities & class related projects.

Google classroom student accounts created by Stepping Stones will be managed based on parent permission and requirements for use in the classroom and online.

Student accounts can be accessed by domain administrators at any time and account information will be shared with parents/guardians. Parents/Guardians assume responsibility for the supervision of Internet use outside of school.

Since the purpose of Google classroom is to teach your child virtually when being in the classroom is not an option (by your choice or unforeseen reasons). Please help your child with their assignments or make sure they are doing them. The assignments are important because they automatically track your child's progress for us so we can keep data and know when your child needs to move up to another level or needs more help.

\_\_\_\_ Parent/Guardian Permission for Google classroom account with my email: I agree to allow my student to have a Stepping Stones Google classroom account using my email.

**Student Name** \_\_\_\_\_

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

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/  
Covid-19

The novel coronavirus, Covid-19, has been declared a worldwide pandemic by the World Health Organization. Covid-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Stepping Stones Educational Therapy Center has put in place preventative measures to reduce the spread of Covid-19; however, we cannot guarantee that you or your child(ren) will not be exposed to or infected with Covid-19 while attending Stepping Stones. Further, attending Stepping Stones could increase your risk and your child(ren)'s risk of contracting Covid-19.

By signing this agreement, I acknowledge the contagious nature of Covid-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by Covid-19 by attending day care/school and that such exposure or infection may result in illness, hospitalization, and possible death. I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Stepping Stones. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Stepping Stones Educational Therapy Center, its staff, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs, or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on actions, omissions, or negligence of Stepping Stones Educational Therapy Center, its staff, agents, and representatives, weather a Covid-19 infection occurs before, during, or after participation in any attendance at Stepping Stones Educational Therapy Center.

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

\_\_\_\_\_  
Date



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

141 Futral Road

Griffin, Georgia 30224

Telephone: 770.229.5511

**Quick Reference**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Other information nurse needs to know:

Parent/Guardian Contact # \_\_\_\_\_

Emergency Contact (if unable to get parent immediately) \_\_\_\_\_

**Consents**

Stepping Stones School endeavors to give your child the best care possible. During the year, we will offer several learning opportunities which will require parental consent. We also treat minor injuries or illness in the clinic and administer prescribed or over the counter medications. While we hope there are no emergencies, there may be a time your child requires emergency medical treatment, requiring transport to the closest hospital. For your convenience, all of these consents have been placed in one document. Please find on the following page the consents. You may initial in the column provided and sign and date once at the bottom.



Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**General Consent for Treatment**

I give consent for my child to receive first aid, over the counter medications such as \_\_\_\_\_ Tylenol, \_\_\_\_\_ Motrin, \_\_\_\_\_ cough drops, \_\_\_\_\_ Throat lozenges \_\_\_\_\_.

Consent for prescription medications will be obtained when medications are signed into clinic.

**Emergency Medical Treatment and Transport**

I give consent for my child to receive emergency medical treatment and emergency transport to WellStar Spalding Regional Hospital should the Stepping Stones staff determines it is needed. I understand this applies to emergency situations and further consent will be required upon my arrival at hospital.

**Sunscreen application**

I recognize that exposure to UV rays may increase my child's skin cancer risk. I give consent for my child to have broad spectrum sunscreen with SPF 15 or higher applied as outline below when my child is playing outside between 9 AM and 4PM daily. I understand sunscreen may be applied to exposed skin including but not limited to face (except eyelids), tops of ears, bare shoulders, arms, and legs. I understand that I, the parent, will provide sunscreen and bug repellent, and it will be labeled for use by my child.

\_\_\_\_\_ I do not know of any allergies my child may have to sunscreen

\_\_\_\_\_ My Child has allergies to sunscreen

\_\_\_\_\_ \*\*\*Please use only \_\_\_\_\_ which I have provided and labeled.

\_\_\_\_\_ For medical or other reasons, Please DO NOT apply sunscreen to my child.

**Bug spray application**

I give consent for staff to apply bug spray to my child when playing outside between 9 AM and 4 PM.

\_\_\_\_\_ I do not know of any allergies my child may have to bug spray

\_\_\_\_\_ My child is allergic to bug spray

\_\_\_\_\_ Please use only \_\_\_\_\_ bug spray which I have provided and labeled.

DATE: \_\_\_\_\_ Print name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_