Enrollment Application

(Please complete one per child)

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 6:00pm, 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 _____

Provider's Guide to Parent's Rights

Senate Bill 1098 from the 88th Legislative Regular Session added Section 42.04271 to the Human Resources Code and states that a parent or guardian of a child at a child care facility has the right to:

- Enter and examine the child-care facility during its hours of operation and without advance notice;
- File a complaint against the child care facility;
- Review the child care facility's publicly accessible records;
- Review the child-care facility's written records concerning the parent's or guardian's child;
- Receive inspection reports and information about how to access the child care facility's online compliance history;
- Have the facility comply with a court order that prevents another parent or guardian from visiting or removing the child;
- Be given the contact information for the child care facility's local Child Care Regulation office;
- Inspect any video recordings of an alleged incident of abuse or neglect involving their child provided that:
    - Video recordings of the alleged incident are available;
    - The parent or guardian does not retain any part of the video depicting a child that is not their own; and
    - The parent or guardian of any other child in the video receives prior notice from the facility;
- Obtain a copy of the facility's policies and procedures handbook;
- Review the facility's staff training records and any in-house training curriculum; and
- Exercise these rights without receiving retaliatory action by the facility.

Required Notifications

- The child care facility must provide written notice to the parent or guardian of any other child captured in a video before allowing a parent to inspect a recording.
- The child care facility must provide a parent or guardian with a written copy of the rights no later than the child's first day at the facility.

Helpful Tips

Since a parent may perceive an action taken by a child care facility as retaliatory, keep in mind:

- Documentation is essential in supporting your actions; and
- Follow the suspension and expulsion policy outlined in your operational policies and update your policy, if needed.