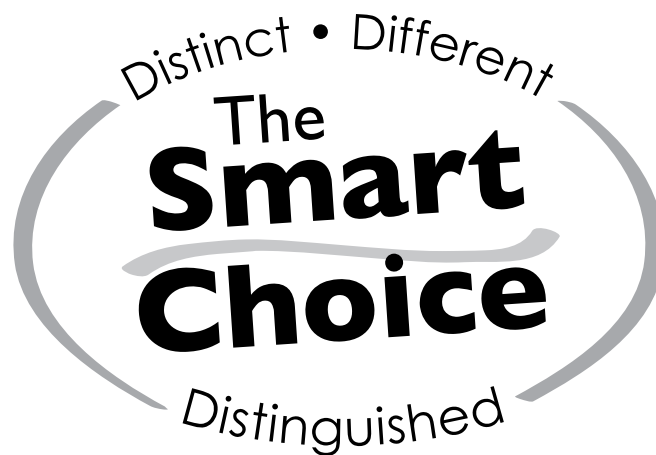




Enrollment Application



Enrollment Registration (please complete one per child)

ABOUT MY CHILD:

Child's Name (Last, First, Middle Initial)		
Nickname	Date of Birth	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Home Address		Home Phone
With Whom Does the Child Live? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian (Specify)		
Expected Date of Enrollment	Preferred Location	Expected Schedule
If School-Age, School & Grade	School Address	School Phone Number

PRIMARY CONTACT PERSONS:

Parent/Guardian 1		Relationship to Child
Home Address		Home/Cell Phone
Employer	Employer's Address	Work Phone
Work Hours	Driver's License #/State	Social Security #
Email Address		
Parent/Guardian 2		Relationship to Child
Home Address		Home/Cell Phone
Employer	Employer's Address	Work Phone
Work Hours	Driver's License #/State	Social Security #
Email Address		

"I hereby authorize Stepping Stone School to allow my child to leave the child care center only with the following people:" [As required by the Texas Department of Family and Protective Services (hereinafter DFPS), **you must list at least one emergency contact who is authorized to pick up your child** in the event that neither parent/guardian can be reached. Your child will not be released to anyone who is not listed above or below without YOUR written permission.]

Name		Relationship to Child
Home Address	Phone	Alternate Phone
Name		Relationship to Child
Home Address	Phone	Alternate Phone

Check here if a parent is NOT authorized to pick up the child and indicate that parent's name here: _____ . In order to be effective, I agree to provide a copy of the court order immediately to the school indicating that the above-named parent is not authorized to pick up the child.

Emergency Information

In case of illness or injury, please first contact: Mother Father Other (please specify: _____)
 Other persons to contact in the event of an emergency or illness: (Complete name and contact info required by DFPS.)

Name & Relationship to Child:	Address	Phone

"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 to take my child to the following physician or hospital or clinic, and I give my consent for necessary emergency care when my child is in the care of this physician and/or hospital/clinic."
 (Complete name and contact info required by DFPS.)

Name of Physician	Address	Phone
Hospital or Clinic	Address	Phone
Parent/Guardian Signature		Date

Permissions (check all that apply)

<input type="checkbox"/> TRANSPORTATION:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	my consent for my child to ride a bus.
	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	my consent for my child to be transported and supervised by the operation's employees: <input type="checkbox"/> for emergency care; <input type="checkbox"/> on field trips; <input type="checkbox"/> to/from school
<input type="checkbox"/> FIELD JOURNEYS:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	my consent for my child to participate in Field Journeys.
Parent comments:		
<input type="checkbox"/> WATER ACTIVITIES:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	my consent for my child to participate in Water Activities:
	<input type="checkbox"/> sprinkler play; <input type="checkbox"/> splashing/wading pools; <input type="checkbox"/> swimming pools; <input type="checkbox"/> water table play	
<input type="checkbox"/> SIBLING RELEASE:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	my consent for my child to be released to the care of his/her sibling(s) under the age of 18 years old.
Name of sibling(s) allowed to pick up my child:		
Signature		Date

GENERAL RELEASE OF LIABILITY

Stepping Stone School, Paver Investments Limited Partnership, Stepping Stone Management LLC, Paver Family Enterprises, LP, Paver Family Enterprise Management, LLC, 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 day 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. (A separate enrollment form will be given for swimming.)
- 3) Any other activity for which permission for the child's participation has been approved by a parent or guardian.

Signature: _____ Date: _____

How did you hear about Stepping Stone School?

- | | | |
|--|--|--|
| <input type="checkbox"/> Reputation | <input type="checkbox"/> Internet (review, search, etc.) | <input type="checkbox"/> Ad (magazine, phone book, flyer, newspaper, newsletter) |
| <input type="checkbox"/> Event (fair, festival, expo etc.) | <input type="checkbox"/> Friend, family, coworker, etc. | <input type="checkbox"/> Location (drove by) |
| <input type="checkbox"/> Employer (intranet, HR) | | |

Child Profile

Child's Name:	Date of Birth:	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
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I. CHILD HISTORY

Was the pregnancy full-term? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was your child adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was there anything unusual about the pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe below:	

II. HOME AND FAMILY

Status of Parents: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Other		
Child lives with (please list names, relation, and age — ex. Bob, 35, father):		
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?

III. CHILD CARE HISTORY

Has your child ever been separated from his/her primary caregiver for any length of time? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:
Has your child ever been in a group care setting before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain the setting below:
How did your child adjust to this environment?

IV. HEALTH

Is your child usually hungry for meals? <input type="checkbox"/> Yes <input type="checkbox"/> No	Snacks? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child have any food allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list in detail below:		
Favorite Foods:	Refused Foods:	
Do you have any concerns about your child's eating habits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below:		
What time does your child go to bed?	Wake up?	Nap?
Do you have any concerns about your child's sleeping habits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below:		
Does your child use the toilet? <input type="checkbox"/> Yes <input type="checkbox"/> No	What words does your child use for toileting?	
Do you have any concerns about your child's use of the toilet? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below:		
Does your child dress himself/herself? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your child show a preference for the <input type="checkbox"/> Right <input type="checkbox"/> Left hand?	
Has your child ever had any severe injuries or illnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below:	Does your child have any difficulty with hearing or vision? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe below:	
Do you have any concerns about your child's health? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below:		
If your child has any special needs (walking apparatus, inhaler, nebulizer, braces, etc.), please describe here:		

V. PLAY

Where does your child play most often?

What are your child's favorite toys and activities?

With whom does your child play regularly?

How does your child get along with other children?

Please describe your child's experiences with books, music, and television:

VI. EMOTIONS AND BEHAVIORS

Does your child have any speech difficulties? Yes No If yes, please explain below:

Does your child have any nervous habits? Yes No If yes, please explain below:

What things does your child show a definite fear of?	What do you do to comfort these fears?
--	--

Does your child have temper tantrums? Yes No

What upsets your child or makes him/her angry?

How do you respond?

VII. GENERAL INFORMATION

What are you looking for from Stepping Stone School?

Please use the space below to provide any additional information about your child, family traditions, hobbies, or activities that you would be willing to share with our school:

Media Release

I, _____, parent/legal guardian of _____, hereby grant absolute right and permission to STEPPING STONE SCHOOL to photograph/film aforementioned child and use said photograph, photographic likeness, and/or reproduction thereof for purposes including, but not limited to Stepping Stone School advertisements, illustrations, literature, brochures, website, and other business purposes.

I understand that Stepping Stone School will not print or release identifying information in any public publication or announcement in conjunction with aforementioned photographic images. I understand that Stepping Stone School may print or release some identifying information, including first name, in internal publications and announcements (i.e. Positive Parenting Newsletter, etc.) in conjunction with aforementioned photographic images. I understand that the term "photograph" as used herein encompasses both still photographs and motion picture footage.

Signature: _____ Date: _____

Child Information and Health History

In accordance with the Minimum Standards and Guidelines from DFPS, please list special problems or needs, including known allergies, existing illnesses, previous serious illnesses and injuries, any disabilities, any hospitalizations during the past twelve months, and any medication prescribed for long-term, continuous use, and any other information of which the staff should be aware. **If none, please write "NONE" and initial.**

Initials: _____

To better accommodate any special needs of your child, we will require a written authorization for need and care from the parent or guardian and/or the child's physician. The parent or guardian is responsible for providing any equipment and/or training that staff personnel may require in relation to special needs and care of that child. In some instances, determined on a case-by-case basis, a personal meeting with the child's physician and parent or guardian may be required.

Certification of Health and Immunization Record

As stated in the Minimum Standards for Child Care Centers for the State of Texas, documentation on file at Stepping Stone School may be the original immunization record or a photocopy of the record. An official immunization record generated from a state or local health authority, such as a registry, or a record received from school officials including a record from another state, is also acceptable.

Your child's immunization record must be current and include:

1. Child's name and birth date;
2. The number of doses and vaccine type;
3. The month, day and year the child received each vaccination; and
4. The signature or stamp of the physician or other health care professional who administered the vaccine.

For pre-school-age children, you must submit one of the following within one week of enrollment.

Your child's immunization record must be current and include:

- Doctor's statement: I have examined the above-named child within the past year and find that he/she is physically able to take part in the Stepping Stone School program.

Physician's Signature

Date

Physician's Address and Phone Number

- A written statement from a health service or clinic.
- A copy of the medical screening form of the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program IF no referral for further diagnosis and treatment is indicated.

PRE-KINDERGARTEN CHILDREN:

Children who are 4 years of age by September 1 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

Enrollment Agreement

Please read and initial each section listed below, then sign and date the last page.

SECTION 1: TUITION AND FEES

_____ **FAMILY ENROLLMENT FEE:** I understand there is a \$100 per family nonrefundable enrollment fee paid once during continuous care, due upon registration.

_____ **REGISTRATION FEE:** I understand that a semiannual, nonrefundable, Registration Fee per child shall be paid in January and August. The fee for full-time infant through kindergarten children is \$75 per child and for part-time and School Age children is \$50 per child.

_____ **TUITION and MODIFICATIONS CONDITIONS:** \$_____ per month is the current tuition rate for the program I have chosen. I understand that rates are subject to change with reasonable notice as conditions require. The school follows state-required time frames on tuition and modifications notices.

I have enrolled my child in the following program(s):

Days: (check all that apply) M T W TH F

From _____ am/pm to _____ am/pm

_____ **PAYMENT OF TUITION:** I understand that full monthly tuition is due and payable on the first weekday of each month, or half is due on each the 1st and 15th.

_____ **LATE OR UNPAID TUITION:** If payment in full is not received when due, I agree to pay a late payment fee of \$30. All late fees are subject to change with reasonable notice. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

_____ **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.

_____ **CHARGES AND PROCEDURE FOR LATE PICK-UP:** My school is open from _____ am to _____ pm, Monday through Friday all year, except for holidays. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$8 for the first 15 minutes and \$5 for each 5 minutes thereafter, per child, until the child is picked up.

_____ **DISCOUNTS:** I understand that a sibling appreciation discount of 5% off total tuition is provided for families with two or more children enrolled at the same time with at least one child enrolled full-time. Discounts are not applicable on any fees or services, Agency co-pays, or special program promotions and cannot be combined with any other discount or promotion.

_____ **RETURNED CHECKS:** I understand that a \$40 processing fee will be charged to my account for all checks that are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any non-sufficient funds checks will be automatically resubmitted electronically up to three times. I further understand that once a check has been processed electronically, the check is no longer negotiable and will not be returned. I am responsible for the principal amount plus all returned-check fees. I will be required to pay by money order only for the next six month period. If more than 1 check is returned, then all future payments must be made by money order.

SECTION 2: DAILY PROCEDURE

_____ **DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every day using the school's sign in and sign out procedure. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day.

_____ **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 an authorized emergency contact person to pick up upon such notification. 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.

_____ **PHOTOGRAPHS, VIDEOS AND AUDIO TAPES:** I understand and agree that, in consideration for being allowed to photograph, video-tape or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publicly display or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in the school or staff.

_____ **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 two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement and pay a new nonrefundable Registration Fee. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition or Registration) are nonrefundable.

SECTION 3: HOLIDAYS, ABSENCES & CLOSINGS

_____ **HOLIDAYS:** I understand that the school is closed on the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day (2 days), Christmas Day and Christmas Eve (at noon). I agree that I will not receive a refund, credit or any other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

_____ **ABSENCES/VACATIONS:** I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up days shall be made for absences (i.e. sickness). After being enrolled for six months, each full-time enrolled child, infant through pre-K, is offered a \$100 (College Station, \$80) vacation/ tuition forgiveness once per full-time enrollment year for 5 consecutive days out. Upon utilizing this \$100 credit, it may not be used again for at least 12 months. My regularly contracted tuition is due regardless of child attendance.

CAMPUS CLOSING DUE TO INCLEMENT WEATHER OR OTHER DISASTERS: I will contact the school to ensure that it is open during inclement weather/natural disaster. Closings will be announced on www.steppingstoneschool.com and other media as possible.

SECTION 4: STATE LICENSING & OUR POLICIES

ALL POLICIES & STATE REGULATIONS: 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 state 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.

DOCUMENTS & RECORDS: I understand and agree that all documents or records kept, provided to or maintained by Stepping Stone School are the property of Stepping Stone School. I hereby authorize Stepping Stone School to release any records to anyone listed as a parent or guardian in this form. I understand and agree that Stepping Stone School will not have any liability in any form for the release of any such records. In the event of a dispute, Stepping Stone School will have the option, in their sole discretion, whether to release the records or to request a valid subpoena prior to releasing the records. A request for records must be made in writing and submitted to the director. Stepping Stone School will have 10 business days to comply with any request, subject to the terms of this paragraph.

PARENT HANDBOOK: I have received a copy of the Parent Handbook. I have read and understand its contents and policies and agree to be bound by same.

Stepping Stone School holds your child's well being in the highest regard. Once accepted into our program every effort will be made to see that your child's transition is positive and successful. Upon enrollment we require a thirty-day evaluation period to determine the best interests and adjustment of the child and parent(s). At the end of this period, Stepping Stone School staff or parents may determine whether or not to continue with care.

After this trial period, if parents decide to leave our program, a two week notice of termination of care must be given by the parents. Stepping Stone School reserves the right to not renew enrollment for any future period from our program if Stepping Stone School staff determines that continued care is not in the best interests of the child or program. A two week written notice will be given to parents should this occur. However, Stepping Stone School realizes the responsibility it has for the care of all the students at our schools and reserves the right to terminate this agreement immediately and will do so without prior notice if it is deemed necessary in our relationship.

Please note that failure to fully complete this enrollment form may result in termination of care. This enrollment form does not constitute automatic acceptance into Stepping Stone School.

These policies have been reviewed with me by school management. I understand and will comply with the policies included in the Enrollment Agreement and Parent Handbook.

BOTH PARENTS MUST SIGN BELOW:

Signed, Parent and/or Guardian: _____ Date: _____

Signed, Parent and/or Guardian: _____ Date: _____

Principal Signature: _____ Date: _____

*Thank you for taking the time to complete this form. It will help us meet your child's needs.
Sincerely, The Staff at Stepping Stone School*

Questions or comments? Please write us at info@steppingstoneschool.com or visit www.steppingstoneschool.com.

For Office Use Only	Date Received	Date Enrolled	Registration Fee/Paid	Parent/Guardian Initials