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| **Start Date:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |



**Enrollment Agreement**

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| **Student Information** | | | | | |
| 1. First Name: | 2. Last Name: | | 3. Date of Birth: | | 4. Gender:  🞏Male 🞏Female |
| 5. Address: | | 6. City/State/Zip Code: | | 7. Has your child attended school/daycare before here:  🞏Y 🞏N | |
| 8. Please list the previous child day care programs/schools your child has attended (names/dates): | | | | | |
| 9. Does your child have any special needs? 🞏Y 🞏N (developmental, physical, emotional or learning)? | 9a. If marked yes, please describe below: | | | | |
| 10. Does your child have any medical conditions? 🞏Y 🞏N | 10a. If marked yes, please describe below: | | | | |

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| **Parent/Guardian Information #1** | | | | | | | | |
| 11. First Name: | | 12. Last Name: | | | 13. Relationship to child | | | 13a. Custodial Agreement  If yes, please submit agreement to office.  🞏Y 🞏N |
| 14. Address: | | | | 15. City/State/Zip Code: | | | 16. Home Phone: | |
| 17. Cell Phone: | | | 18. Work Phone: | | | 19. Place of employment: | | |
| 20. Email: | | | 20. I authorize SSLA to send school related emails to the email provided. 🞏Y 🞏N | | | 21. Door Code: (Office Use Only) | | |
| 23. Security  Questions  **(can be used to access account and for identity purposes)** | **1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Answer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Answer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |

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| **Parent/Guardian Information #2** | | | | | | | | |
| 11. First Name: | | 12. Last Name: | | | 13. Relationship to child | | | 13a. Custodial Agreement  If yes, please submit agreement to office.  🞏Y 🞏N |
| 14. Address: | | | | 15. City/State/Zip Code: | | | 16. Home Phone: | |
| 17. Cell Phone: | | | 18. Work Phone: | | | 19. Place of employment: | | |
| 20. Email: | | | 20. I authorize SSLA to send school related emails to the email provided. 🞏Y 🞏N | | | 21. Door Code: (Office Use Only) | | |
| 22. Security  Questions  **(can be used to access account and for identity purposes)** | **1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Answer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Answer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |

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| **Emergency Contacts (Office personnel must be notified if an emergency contact is picking up your child)**  **(Contacts must be someone other than parent/guardian and must be 30 miles of the school)** | | | | |
| 23. **Name** | **Relationship** | **Address** | **Primary Phone** | **Secondary Phone** |
| **Contact 1** |  |  |  |  |
| **Contact 2** |  |  |  |  |
| **Contact 3** |  |  |  |  |
| **Contact 4** |  |  |  |  |
| 24. **Persons not authorized to pick up child:** | | | | |

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| **Medical Information** | | | | | | |
| 25. Physician Name: | 26. Physician Phone: | | | 27. Dentist Name: | | 28. Dentist Phone: |
| 29. Allergies or Intolerance to Food, Medication.  🞏Y 🞏N | | 30. Please list your child’s allergies, food intolerance or allergies to medication. | | | | |
| 31. Health Insurance Provider: | | | 32. Provider Number: | | 33. Comments: | |
| **Tuition** | | | | | | |

**My tuition fee is: Weekly**

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| **Class** | **Days** | **Hours** | **Tuition Rate** | **Discount** | **Total Tuition** |
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1. The enrollment fee, activity and supply fee, are due at enrollment to hold your space in class. The deposit (equal to one week of tuition) and first week of tuition is due the day of your meeting with the director. You may pay all fee’s in full at the time of enrollment if you would like.  If payments are not received by the due date’s set, your child’s space will be forfeited, and they will be placed on the wait list.
2. All tuition is due in advance before services are provided. Tuition is due Friday of every week. A late fee of $35 will be attached to the account if payment is not submitted by close of business Monday. During school closings (snow days, holidays, emergency closing, natural disasters, etc.) tuition will be due the next day that school is open. Tuition not submitted by the next opening day will receive a late fee. Late fee’s will be applied each week until tuition is received. If tuition and other applicable fee’s are not paid in two weeks, your account will become delinquent and enrollment will be terminated until payment has been made. Failure to pay after termination of your account will result in account submission to collection services or small claims court. The primary account holder will be responsible for all reasonable collection and attorney fees associated with the collection of the account.
3. At SSLA we do understand that unforeseen hardships do come about. If this happens to you, please be sure to see or speak with the director. We do offer payment plans. All payment plan’s must be on a credit or debit card unless otherwise stated by the director. A payment plan agreement will be drawn up and a signature will be needed. Failure to sign by dated due date will forfeit plan and payment will be due immediately. Failure to adhere to the agreed upon payment plan will result in a late fee and termination of enrollment until balance is paid.
4. An accurate view of your account with fee updates etc. will post by close of business on Wed of each week.
5. The yearly tuition is broken down into 52 equal weekly payments.
6. There is no reduction, prorating or refunding for tuition days missed due to illness, natural disasters, weather closings or school closings or shorter months or holidays.
7. Each family is granted one week of vacation regardless of the amount of days you are gone. You will be responsible for paying half of your tuition rate. Any additional fee’s on your account will not be eligible for the vacation rate (late fee’s, enrollment fee’s, enrichment courses, etc.). Please remember, it is your responsibility to inform administration on when you are using your vacation week.
8. A $40 fee is charged for any returned checks.
9. A two-week written notice to the Director is required if a child is withdrawn. Your deposit will go towards your final payment and you will be responsible for paying the first week of your two-week notice. Parents will be responsible for any additional fees on their account through the end of the last tuition period.
10. Late pick-up fee will be assessed starting at 7:00pm. The late fee is $1.00 per minute per child. All families are given one warning before late pick-up fees are billed if pick-up does not exceed 5 minutes.
11. Tuition and other fees are reviewed on a yearly basis. A minimum thirty-day written notice will be provided to families in the event tuition or other fee’s increase or decrease.
12. SSLA accepts check, cash, money order, credit/debit card only. Checks can be written out to Stepping Stones Learning Academy.
13. When students are transitioning into another classroom, you will receive a Tuition Amendment form which will reflect your child’s new classroom rate and when the start date of your new fee’s will begin.

**Office Use**

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| **Program Entrance Fee’s** | | | |
| **Registration** | **Supply** | **Deposit** |  |
| **Comments:** | | |

**Authorization Sheet**

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| **PERMISSIONS FOR EMERGENCY MEDICAL TREATMENT** |

I authorize Stepping Stones Learning Academy to obtain all necessary emergency care for my child.

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **ILLNESS** |

In the event of an emergency or illness, I will make arrangements for my child to be picked up from Stepping Stones Learning Academy within one (1) hour after I am notified.

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **FIELD TRIP TRANSPORTATION** |

I authorize my child to participate in Stepping Stones Learning Academy sponsored field trips and be transported for such activities.

Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SCHOOL AGE TRANSPORTATION (if applicable)** |

I authorize my child to be transported to/from school by Stepping Stones Learning Academy transportation

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **PHOTOS** |

I authorize Stepping Stones Learning Academy to take and use photographs of my child for class/school bulletin board display, center display area, school parent portal, advertisement/publicity.

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:

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| **TUITION POLICIES** |

I have read and agree to abide by the tuition policies set forth by Stepping Stones Learning Academy.

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **AGREEMENT** |

1. I agree that I have filled out this agreement to the best of my ability and all information is current.
2. I agree to keep all account information (billing, child, parent) updated while attending Stepping Stones Learning Academy.

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Disclaimer** |

Stepping Stones Learning Academy will make every effort to keep all children safe, however, accidents sometimes happen. I/we for myself/ourselves and on behalf of my/our child(ren), hereby release and discharge Stepping Stones Learning Academy its partners, agents, employees and affiliates (“Released Parties”) from all claims, demands, damages, actions, causes of actions, suits, judgments and executions whatsoever, in law or equity, which I/we, the child(ren), our heirs, executors, assigns or administrators ever had, now has, or may have, or claim to have, against the Released Parties by reason of my/our child(ren)’s attendance at Stepping Stones Learning Academy I/we agree, for myself/ourselves, my/our child(ren) and any other claimant that the Released Parties will not be liable and no claims will be made against the Released Parties if my/our child(ren) should suffer personal injury or death as a result of my/our child(ren)’s attendance at Stepping Stones Learning Academy.

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **SCHOOL HANDBOOK** |

I have read the and agree to abide by, the terms and conditions of the Stepping Stones Learning Academy Parent’s Handbook and this Enrollment Agreement. I understand that Steeping Stones Learning Academy reserves the right to change existing policies or introduce new policies immediately upon written notice.

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **ORIENTATION SIGN-OFF** |

I agree that the content below has been discussed during the parent orientation and all my questions have been answered. I do agree to speak to the director or admin staff if any further questions arise after this orientation meeting.

**Orientation Meeting Agenda** Orientation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_Hours of Operation

\_\_\_\_\_\_Tuition Orientation Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_Incident/Accident Policies

\_\_\_\_\_\_Inclusion

\_\_\_\_\_\_Licensing

\_\_\_\_\_\_Curriculum/Guidance & Discipline

\_\_\_\_\_\_Playground

\_\_\_\_\_\_Enrichment Courses

\_\_\_\_\_\_Safety/Security

\_\_\_\_\_\_Evacuation Plans/Drills

\_\_\_\_\_\_Food/Nutrition

\_\_\_\_\_\_Allergies/Plans/Illness

\_\_\_\_\_\_Medication

\_\_\_\_\_\_Communication/Parent Portal

\_\_\_\_\_\_Parent Questions/Further Handbook Questions

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facilitator/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_