

Enrollment Checklist

Obtained Signed Forms from Family

- Hold Harmless Form
- Enrollment Application (Check for Signature & Allergies/ Medical Condition/Special Needs Completed)
- Completed Enrollment Agreement Packet (Staple the *Enrollment Agreement* to the signature page of the *Parent Handbook*)
- Parent Handbook Receipt Form
- Parents who are on subsidy programs (CCCC, PFP) completed Covid Child Care Needs Form (*Kindergarten-6th Grade*)

Review with Family

- The child's first day
- Child guidance and classroom management (discipline policy)
- Tuition payment schedule, amounts and due dates
- Parent conferences and other communications, what to expect daily and/or weekly
- Authorized pick-up, late pick-up policy and emergency controls
- Child Custody Documents (*if applicable*)
- Clothing and other items to bring (labeled)
- Any pick-up restrictions
- Any field trip restrictions
- Any photo restrictions
- Immunization/health information
- Annual registration fee
- Late fees
- Special needs/IEP
- Absenteeism policy
- Sick policy
- Meals
- Allergies

The information above was reviewed with me and all of my questions have been answered to my satisfaction. I have a clear understanding of Stepping Stones policies.

Name of Parent/Guardian: _____ **Relationship:** _____

Signature: _____ **Date:** _____

Name of Director: _____

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 Child Development Centers (“Stepping Stones”) has put in place preventative measures to reduce the spread of COVID-19; however, Stepping Stones cannot guarantee that you or your child(ren) will not become infected with COVID-19. 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 Stepping Stones and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Stepping Stones may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Stepping Stones employees, program participants and their families.

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 or participation in Stepping Stones programming (“Claims”). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Stepping Stones, its employees, 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 the actions, omissions, or negligence of Stepping Stones, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Stepping Stones program.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Child Name

Child Name

Child Name

Child Name



Jahmaah Hardy, Exec. Director
Raysa Hardy, Exec. Director

Enrollment Application

97 Augusta Street (Augusta Pre-School Academy)
602 Grove Street (Grove Street School)

Irvington, New Jersey 07111

(973) 375-5437 (KIDS) Phone

(973) 375-5436 Fax

STONESSTEPPING@YAHOO.COM

WWW.STONESSTEPPING.COM

Date/fecha _____ School/colegio _____

Services Needed: (Please check all that apply)

_____ Before Care/cuidado antes _____ After Care/después de la atención _____ Before/Aftercare/ Cuidado antes y después

_____ Summer School/ Verano

Child's youth shirt size: XS S M L XL

Grade for 2021-2022 school year: _____

Child's Name/ El nombre del niño _____ D.O.B./ Fecha de nacimiento _____

Address/ Dirección _____

City/ Ciudad _____ State/ Estado _____ Zip/ Cremallera _____

Telephone/Teléfono # _____ Cell/Celda # _____ Other/Otro # _____

Mother's Name/ Nombre de la madre _____

Employer Name/ Nombre del empleador _____

Employers Address/ Dirección del empleado _____

Telephone/Teléfono # _____ Cell/Celda # _____ Horas de Empleo _____

Father's Name/ Nombre del Padre _____

Employer Name/ Nombre del empleador _____

Employers Address/ Dirección del empleado _____

Telephone/Teléfono # _____ Cell/Celda # _____ Horas de Empleo _____

Emergency Contacts & Release Persons/Contactos de emergencia y personas liberadas

Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of emergency

Name/ Nombre: _____ Relation/ Relación: _____

Address/ Dirección: _____ Telephone/Teléfono # _____ Other/Otro# _____

Name/ Nombre: _____ Relation/ Relación: _____

Address/ Dirección: _____ Telephone/Teléfono # _____ Other/Otro# _____

Name/ Nombre: _____ Relation/ Relación: _____

Address/ Dirección: _____ Telephone/Teléfono # _____ Other/Otro# _____

Upon signing this document, I indicate my child is in good health and condition to attend the program.

I further give Stepping Stones Child Development Centers and/or its staff, permission to have my child medically treated in case of any medical emergency while in attendance and/or on a trip.

Al firmar este documento, señalo que mi hijo está en buena salud y condición para asistir al programa. Además, doy a los Centros de Desarrollo Infantil de Stepping Stones y / oa su personal, el permiso para que mi hijo reciba tratamiento médico en caso de cualquier emergencia médica mientras asista y / o viaje.

Doctor Prescribed Food Restrictions / Allergies, Medical Conditions or Special Needs

Médico le recetó restricciones de alimentos / Alergias o condiciones médicas, Necesidades especiales

MY CHILD SHOULD NEVER BE RELEASED TO THE FOLLOWING PERSON(S) WITHOUT MY EXPRESSED PERMISSION AND/OR COURT NOTICE. MI niño nunca debe ser revelada a la siguiente persona (S) SIN MI permiso expreso y / o aviso de la corte.

NAME/NOMBRE: _____ RELATION TO CHILD/ RELACIÓN CON EL NIÑO _____

NAME/NOMBRE: _____ RELATION TO CHILD/ RELACIÓN CON EL NIÑO _____

Parent/Guardian Signature/ Firma del padre / tutor: _____ Date/ Fecha: _____

Parent Update _____
Signature Date

Parent Update _____
Signature Date

Enrollment Agreement

Name of Child (Last, First, Middle Initial): _____ Date of Birth: _____

Parent/Guardian Name: _____

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

SECTION 1: TUITION AND FEES

_____ **BASIC SERVICES:** I understand that Stepping Stones Child Development Centers provides child care and development services for families with children 3 to 12 years of age. Enrollment ages may vary by availability and location.

_____ **REGISTRATION FEE:** I understand that the payment of a non-refundable registration fee is required on an annual basis in a calendar month as determined by the school.

_____ **TUITION AND MODIFICATIONS CONDITIONS:** I acknowledge the current tuition rate for the services I have chosen are on a weekly basis. I understand that rates are subject to change with reasonable notice as conditions require. The school follows state-specific required time frames on tuition and modifications notices.

_____ **PAYMENT OF TUITION:** I understand that tuition is due and payable, prior to the first day of attendance each week.

_____ **LATE OR UNPAID TUITION:** If payment in full is not received when due, I agree to pay a late payment fee of \$10 per week that tuition is not received. All late fees are subject to change with reasonable notice. The school follows state-specific required time frames on tuition and modifications notices. 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.

_____ **E-CHILD CARE SWIPES:** If enrolled in any of the subsidy programs I agree to sign my child in and out every day using the E-Child swipe machine as required by Programs for Parents or Community Child Care of Union County (4cs). If I fail to properly enter or swipe attendance for any day my child is in attendance, I understand that I am solely responsible for the payment of tuition.

_____ **CHARGES AND PROCEDURE FOR LATE PICK-UP:** I acknowledge that I am in receipt of the parent handbook and I am knowledgeable of the operating hours of the elected school I registered my child for. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$40, per child, until the child is picked up.

_____ **ADDITIONAL FEES:** School-age camp will be open during the summer months and scheduled school breaks according to the local public-school calendar. Summer Camp children and children attending during scheduled school breaks may pay a separate Activity Fee for attendance. All other age groups may be subject to Activity Fees as well. In instances of agency reimbursement, Activity Fees may be my responsibility. Please consult the director for details.

_____ **DISCOUNTS:** I understand that if I have more than one child enrolled and attending from my immediate family, a discount of \$5.00 from the usual tuition fee is offered per child to me. These discounts are only available to those accounts when full tuition is paid on time or in advance. 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.

SECTION 2: DAILY PROCEDURES

_____ **DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every day using the school's attendance procedure. If I neglect to do so, I may be charged a maximum fee of \$5.00 per missed sign-in or sign-out. 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. Due to state child care licensing regulations a manual signature is required and I agree to manually sign-in and sign-out my child(ren).

_____ **ILLNESS:** I understand that I will be notified should my child(ren) become ill during the day, and that I will pick up my child(ren) promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child(ren) is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child(ren) will be re-admitted according to the Re-admission Criteria in the *Parent Handbook*.

_____ **MODEL RELEASE:** The company, its agents, affiliates, and licensees, may may not use photographs, reproductions, images, or sound recordings of my child(ren) for advertising, publicity, or any other lawful purpose.

_____ **PHOTOGRAPHS, VIDEOS, AND AUDIO TAPES:** I understand and agree that, in consideration for being allowed to photograph, videotape, or audio record my child(ren) on company property or field trips, 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 child(ren) 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) week, whether or not my child(ren) attends. I understand that when my child(ren) is withdrawn, he or she will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child(ren) is selected for re-enrollment, I will be required to complete a new *Enrollment Agreement* at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child(ren) was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration, or Activity) are non-refundable.

SECTION 3: HOLIDAYS, ABSENCES, AND CLOSINGS

_____ **HOLIDAYS:** I understand the school is closed on the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day, as well as Presidents' Day and Veterans Day and in-service training. I agree that I will not receive a refund, credit, or 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(ren) will be absent on any day. I understand that no allowances, credits, refunds, or make-up days shall be made for occasional absences (i.e., sickness). My regularly contracted tuition is due for my child(ren) who attends any part of the week. There is no credit given for single days.

_____ **EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION:** I understand that it is the company's intention to be open and provide child care service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster, or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather or a natural/national disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three (3) business days. (ie: If school is closed for 2 of the 5 days, A credit will not be issued for the 2 days. A credit will only be issued if school is closed for 3 or more days.)

Name of Child: _____ Date: _____



Enrollment Agreement

SECTION 4: STATE LICENSING AND OUR POLICIES

_____ **ALL POLICIES AND STATE REGULATIONS:** I understand that the above policies are not an all-inclusive list of policies, and that my child(ren), my family members, I understand that the above policies are not an all-inclusive list of policies, and that my child(ren), 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 of New Jersey may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgment of, and agreement to abide by, all policies and state regulations.

_____ **INDIVIDUALIZED CARE PLANS:** I understand that should my child(ren) have an IEP, it must be shared with the director at enrollment so the school can support my child(ren)'s needs.

_____ **BEHAVIOR MANAGEMENT:** I understand that positive redirection and offering choices to children are techniques used to guide children's behavior at the school. I also understand that I may refer to the *Parent Handbook* for additional information on behavior management at the school.

_____ **PARENT HANDBOOK:** I acknowledge a copy of the *Parent Handbook* is retrievable on-line at www.stonesstepping.com. under the forms tab. I have read and understand its contents and policies and agree to be bound by same.

_____ **NO MODIFICATIONS:** No terms of this Agreement may be altered, revised, modified, or deleted by any person except in cases of policy change or rate change to which both the director and I must initial. Any alterations, revisions, modifications, or deletions of any term of this Agreement are null and void.

We do not discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided thereunder, is available from the director.

Stepping Stones deems appropriate to maintain the safety, security, health or general well-being of the children, families, and staff at our facility, and after appropriate consultation with parents and/or appropriate attempts at re-direction to alter the disruptive behaviors, Stepping Stones in its sole discretion, reserves the right to refuse the enrollment of any child, or at anytime during the enrollment to ask parents to make temporary or permanent alternate arrangements for the care of a child enrolled in the Stepping Stones program. The acceptance of an application for enrollment or a pre-registration fee does not guarantee enrollment.

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*. The policies in this contract will supersede all other previous documents.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Print Name: _____

Director Signature: _____ Date: _____

I (we) also authorize the school to evacuate in case of emergency. I understand that the evacuation site is posted in the school and listed in the *Parent Handbook*.

Authorization for Transportation and Field Trips

The school may plan carefully arranged, supervised special trips for the children away from the school that do not require bus transportation. You will be notified in advance of all trips. These include children taking walks. I give the school permission to take my child(ren) on these field trips.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Print Name: _____

Name of Child: _____



Date: _____

Enrollment Agreement

Authorizations

Authorization for Medical Treatment of a Minor

In the event of a medical issue requiring a physician's care, would you like us to call your family physician?

Yes _____ No _____ If yes, please provide the following information:

Physician's Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

I (we) _____ and _____, do hereby state that I am (we are) parent(s)/legal guardian(s) of _____, a minor child age _____, born on _____, who resides with me (us) at _____. I (we), _____ authorize, for emergency purposes only, a school-designated employee to transport the above minor by ambulance and consent to any necessary examination, or treatments, and/or hospital care to be rendered to the minor.

Preferred Hospital/Clinic for Acute Care and Emergency Care: _____

Dentist Name: _____ Practice/Clinic Name: _____

Address: _____ Phone: _____

Health Insurance Provider and Policy Number: _____

Secondary Health Insurance Provider and Policy Number: _____

Last Tetanus/Diphtheria Booster: _____

Allergies to Drugs, Foods, or Other: _____

Please list any special medications or pertinent information: _____

Parent/Guardian Print & Signature: _____

Appeared Before Me and Produced _____ as identification. Date: _____

Director Signature: _____ Print Name: _____

Child's Name: _____
Date of Birth: _____
Emergency Contact (Name and Phone Number): _____

Name of Child: _____ Date: _____



Enrollment Agreement

Medical History

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Distinguishing Marks: _____ Date of Birth: _____

1. Medication that will be administered regularly at the school: _____

2. Special Dietary Needs: _____

3. Is your child able to walk? Yes No Explain: _____

4. Can your child effectively communicate his or her needs? Yes No Explain: _____

5. Does your child have any medical or special needs? Explain: _____

6. Does your child have any allergies? Explain: _____

Please provide special instructions concerning any other illnesses, as necessary: _____

Allergies (please check and list all that apply)

Medications Allergen: _____

Reaction: _____

Food Allergen: _____

Reaction: _____

Other: _____ Allergen: _____

Reaction: _____

Are any of the allergies severe or life-threatening? Yes No If yes, please provide special instructions: _____

Per state regulations, a written statement is required for waiver of immunization requirements which is included on the Enrollment Application.

Name of Child: _____ Date: _____



RECEIPT OF PARENT HANDBOOK

Upon signing this document, I _____
verify that I am in receipt of my parent handbook retrievable at www.stonesstepping.com/forms/ which includes a cover letter for DYFS, Information to parents, expulsion/exclusion policy, guidelines for positive discipline, policy of management of communicable disease, payment of fees policy, rate sheet, toy safety information, daily walk policy & communication/social media policy.

I also understand that these policies are subject to change.

CHILD(REN) NAMES:

_____ Teacher _____ Class _____

_____ Teacher _____ Class _____

_____ Teacher _____ Class _____

_____ Teacher _____ Class _____

_____ Teacher _____ Class _____

Parent/Guardian Print: _____

Parent/Guardian Signature: _____

Dated: _____