

ENROLLMENT CONTRACT

I hereby agree to comply with the rules and regulations stated therein, partially summarized as follows:

1. I agree to submit my child's Medical Examination/Shot Record form prior to or at the time of admission. I further understand that my child will not be allowed to enter school until all current medical/shot records are received. The Department of Health will review my child's medical records for compliance with all regulations. Should my child's medical records fall out of compliance, the Department of Health will give families 10 business days to comply with health regulations. Should the situation remain unresolved after the 10-day period, I understand my child's placement may be terminated.

2. I understand that if my child is sick, she/he will not be accepted at the Center to insure the health and safety of all the children. I understand that **Stepping Stones** cannot administer medication to any child without a written consent form from the Doctor stating the child's name, medication and proper dosage. **First time medications must be given at home in case of possible side effects.** All medication must be kept in its original container for proper identification. **All medications must be turned into the Administrative Office for proper storage. Medications must never be sent to school in my child's lunch or book bag.** Medication transferred to school in other than the original containers will not be administered to any child. Parents must complete and sign the Medication Permission Form before any medication can be administered. Parents/Guardians agree to immediately pick-up their child when notified that he/she is ill or injured of any kind. Parents/Guardians are to inform the school verbally and document in writing if their child contracts a communicable illness.

If your child has the following conditions, they will not be allowed to return to school for a minimum of 48 hours and/or until they are no longer contagious or infections as indicated by a physician's note: **chicken pox, pinkeye, measles, diarrhea, ringworm, strep throat, chronic coughs, chronic running nose with discolored mucus, vomiting, stomachache, fever of 100.5, poison ivy, unidentified rashes and/or red blotches, head lice, excessive bleeding noses, etc.**

3. I further understand that **Stepping Stones** reserves the right to send home any children who may put others at risk of illness, at the discretion of the Executive Director and/or Administrative Director/Family Worker. In addition, I agree to pick-up my child immediately when notified that he/she is ill or injured.

4. In the event of an injury or illness, which requires emergency medical care, **Stepping Stones** has my permission to secure medical care for my child at St. Francis Hospital on Hamilton Avenue,

Trenton. If I prefer my child to be taken to another emergency medical center, I will indicate my medical center of choice should my child require emergency services in the sections relate to hospital/medical emergency. I further understand that every attempt will be made to notify said parent(s) regarding the situation. In addition, **Stepping Stones** will not be held responsible under any circumstances for hospitalization, emergency/medical bills, ambulance fees, etc

5. I received a copy of the center's school calendars.
6. **I agree to give the school two weeks written notice prior to withdrawing my child from the Center**
7. I understand that Stepping Stones will notify the Trenton Board of Education, who may terminate my child from the Center for any of the following reasons:
 - A. **Causing harm**-emotional, physical and verbal harm to himself/herself, other children or members of the staff
 - B. **Destruction of Property** –chronic destruction of toys, school materials and/or property
 - C. **Creating frequent disturbances** –which result in the interruption of the educational process
 - D. **Chronic late arrival or pickup**
 - E. **Unsuitable environment** – the preschool setting is not a good match for your child behaviorally, developmentally, and/or socially/emotionally
 - F. **Lack of attendance** – if your child takes an extended vacation, i.e., one month or longer, **Stepping Stones** reserves the right to fill your child's spot. You may then request to have your child's name placed on the waiting list.
 - G. **Parents/Guardians that are verbally and/or physically abusive or present a threat** to Stepping Stones Learning Institute staff, volunteers or other parent/guardians, will be asked to leave immediately and will be automatically dismissed and terminated from program without notice.
 - H. **Abbot Families** – agrees to properly fill out and submit all forms in accordance with the Trenton Board of Education and agree that your child is a City of Trenton resident. Should your residency change to outside of the Trenton vicinity, you must notify the administrative office in writing immediately.
8. I am aware of the Center's hours of operation. If my child is picked up after the center's closing hours, the fee of \$1.00 per minute, payable in cash at time of pick-up or no later than the next school day by the 9:00AM. Late fee payments to be paid in cash only on the same day the late pick-up occurred. Children will not be accepted into program the next school day until late payments are paid in full. Late time is determined by the center's time clock only, not by the individual picking up.
9. I am aware that if any property of Stepping Stones Learning Institute is deliberately destroyed, broke, and/or damaged by your child such as : electronic equipment, computers, educational/instructional materials, toys, shelves, sinks, toilets, urinals, bicycles, etc. parents/guardians will be responsible for the cost of repair or replacement of said item(s).

10. I understand Stepping Stones has a policy for **Morning Cut-Off Time. The latest you can bring your child to program will be 9:00 AM.** I understand that bringing my child in later causes a disruption to the class in session and it will take my child longer to adjust to his/her day.
11. I understand there may be out-of-pocket expense fees during summer camp. For example: special holiday parties, fieldtrips, summer camp activity fees/trips, etc. Full payment is required prior to any services being rendered.
12. During the summer camp program, I understand that I will be responsible for providing a nutritious lunch and snack for my child. Please do not bring glass bottles or containers, no soda, candy, or popcorn.
13. I agree to keep the school informed of any changes to work and home, addresses and telephone numbers. **If I do not provide the school with a working emergency contact number, my child will not be allowed to attend school until one is provided.** Also, I agree to notify the school in writing of any individual not authorized to pick-up my child on the pick-up list and arrange for a readily available person to pick up my child in the event I cannot be contacted. I further understand that all persons authorized to pick-up my child must show proper identification, photo I.D. preferred, until staff are familiar with all authorized pick-up individuals. I am aware that if an authorized individual arrives to center to pick-up my child, unfamiliar to staff, without proper identification, **my child will not be released.**
14. Stepping Stones Learning Institute will not be held responsible and/or liable for the families/children's belongings and/or personal items.

I understand and acknowledge this enrollment contract agreement and I will follow all of Stepping Stones Learning Institute's rules, requirements, and procedures. **If this enrollment contract is not suitable for your needs, you have the option to change your child's care center.** If we do not receive this signed enrollment Contract prior to or at the time of admission, Stepping Stones assumes no responsibility and will not accept your child into program.

Parent/Guardian signature

Parent/Guardian print name

Today's Date