



Application for Admission

Student's Name _____

Admission Checklist:

- _____ **Completed Enrollment Forms**
- _____ **Registration Fee**
- _____ **SB-10 Voucher Calculation Sheet**
- _____ **Recent Photograph of Student**
- _____ **Birth Certificate**
- _____ **Eye, Ear, Dental, Nutrition Form**
- _____ **Immunization Record or Religious Waiver**
- _____ **Copy of Psychological and/or Neurological Reports**
- _____ **Copy of IEP**
- _____ **Scholarship Application (attach copy of state income tax return and a copy of your most recent pay stub)**

Application for Admission

Student Information

Date Enrolling ____/____/____ Social Security # ____-____-____ Grade Entering: ____

Days Attending (circle): Monday Tuesday Wednesday Thursday Friday Age on Sept. 1 ____

Student's Name _____
(Last) (First) (Middle) (Name Called)

Home Address _____
(Street)

_____/_____/_____/_____/_____
(City) (County) (State) (Zip Code) (Home Phone)

Mailing Address (if different) _____

Date of Birth ____/____/____ Birthplace _____/_____/_____
(City) (County) (State)

Ethnicity _____ Gender: Male / Female

Family Information

Father's Name _____ Cell Phone _____

Father's Employer _____ Email Address _____

Address of Employer _____

Business Phone _____ Occupation _____

Mother's Name _____ Cell Phone _____

Mother's Employer _____ Email Address _____

Address of Employer _____

Business Phone _____ Occupation _____

Student resides with ____ Father ____ Mother ____ Stepfather ____ Stepmother ____ Guardian

Family Information Continued:

Please provide the following information only if any additional parent addresses other than the student's primary residence (legal guardian) will require school correspondence.

Name _____ Relation _____

Address _____ Phone _____

Work _____ Cell _____

Employer _____

Please list all other children living at home (name and age)

_____/_____/_____
_____/_____/_____

Medical Information

Is student currently on medication? _____ If so, explain: _____

Name & address of student's physician _____
(Name) (Phone)

Address _____
(Street) (City) (State) (Zip Code)

Name & address of student's dentist _____
(Name) (Phone)

Address _____
(Street) (City) (State) (Zip Code)

Please list any medical problems of which we need to be aware: diabetes, epilepsy, sight/hearing problems, any allergies, (food, environmental, medication) etc. _____

I give permission for my child to take _____ Tylenol _____ Advil/Motrin

_____ I do want to be contacted before my child takes any medication.

_____ I do not want to be contacted before my child takes any medication.

(Parent/Guardian Signature)

(Date)

(Parent/Guardian Signature)

(Date)

Contact Information

Persons other than parent who can be contacted in case of emergency: (required)

_____	_____	_____	_____	_____
(name)	(relationship)	(home phone)	(work phone)	(cell phone)
_____	_____	_____	_____	_____
(name)	(relationship)	(home phone)	(work phone)	(cell phone)

Certificate of Immunization

GEORGIA LAW REQUIRES A CERTIFICATE OF IMMUNIZATION TO BE COMPLETED BY YOUR DOCTOR OR THE HEALTH DEPARTMENT BEFORE A STUDENT ENROLLS IN SCHOOL. STUDENTS MAY NOT ATTEND STEPPING STONES ETC WITHOUT HAVING A BIRTH CERTIFICATE AND A CERTIFICATE OF IMMUNIZATION ON FILE IN THE OFFICE.

Field Trip Information

Occasionally, classes will take short field trips for concept reinforcement. I hereby give permission for my child to take short trips throughout the year. Parents will be notified before each field trip. I release Stepping Stones ETC and Stepping Stones staff members from all liability for any accident or injury involving my child for the duration of such trips.

_____	_____	_____	_____
(Parent/Guardian Signature)	(Date)	(Parent/Guardian Signature)	(Date)

Media Release

I, the undersigned, do hereby grant or deny permission to Stepping Stones Educational Therapy Center, Inc. to use the image of my child, _____, as marked by my selection(s) below*. Such use includes, the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to printed materials such as brochures and newsletters, videos, and digital images such as those on the Stepping Stones Educational Therapy Center, Inc. web site.

_____ Deny permission to use my child's images at all.

PLEASE CHECK YES OR NO

*Grant permission to use my child's image in: Print () Yes () No Video () Yes () No Digital Media () Yes () No (Yes or No) I agree that these images may be used by Stepping Stones Educational Therapy Center, Inc. for a variety of purposes and that these images may be used without further notifying me.

_____	_____	_____	_____
(Parent/Guardian Signature)	(Date)	(Parent/Guardian Signature)	(Date)

_____	_____
(Student's Name)	(Date)

Diaper Change Release (Preschool Only)

We need written consent from the Parents/Guardian to allow our personnel to change your child's diapers and/or assist them in the restroom. Only the appointed personnel will take part in these tasks.

(Parent/Guardian Signature)

(Date)

(Parent/Guardian Signature)

(Date)

Registration

The information provided in this application is to the best of my knowledge complete, accurate, and true. I understand that the application fee must be paid before a child is enrolled and that it is non-refundable. I understand that before my child can attend the first day of school that all fees and first month's tuition must be paid. I understand that a school transcript or last report card, birth certificate, and a current immunization form must be turned into the school office before my child can attend the first day of school.

(Parent/Guardian Signature)

(Date)

(Parent/Guardian Signature)

(Date)

Non-Discriminatory Admissions Policy

STEPPING STONES EDUCATIONAL THERAPY CENTER ADMITS STUDENTS OF ANY RACE, COLOR, NATIONAL OR ETHNIC ORIGIN, TO ALL RIGHTS, PRIVILEGES, PROGRAMS AND ACTIVITIES GENERALLY ACCORDED OR MADE AVAILABLE TO STUDENTS AT THE SCHOOL. IT DOES NOT DISCRIMINATE ON BASIS OF RACE, COLOR, NATIONAL OR ETHNIC ORIGIN IN THE ADMINISTRATION OF ITS EDUCATIONAL POLICIES, ADMISSION POLICIES, ATHLETIC AND OTHER SCHOOL ADMINISTERED PROGRAMS.

Philosophy/Enrollment Agreement

Please read and initial each statement:

_____ I understand that my obligation to pay the tuition and fees for the school year is unconditional after August 1st and that no portion of such tuition and fees will be refunded or cancelled notwithstanding the subsequent absence, withdrawal or dismissal from the school.

_____ Medication: Before any medication is dispensed to a child, you must provide written authorization which includes: date, name of child, name of medication, prescription number, dosage, date and time of day medication is to be given.

Medication must be in the original container with the child's name printed on it.

_____ Registration: A non-refundable registration fee of \$100.00 is due at the time you register your child for returning students. The enrollment fee for new students is \$150.00.

_____ I acknowledge it is the parent's responsibility to keep their child's records current to reflect any significant changes as they occur, (telephone numbers, work location, emergency contacts, child's physician, child's health status, medications and immunization records, pick-up list).

_____ Upon pick up, children MUST be signed out by an authorized adult before leaving the building.

_____ Upon signing this contract, you release Stepping Stones from liability and agree to hold the school harmless from incidents that may occur during the normal course of treating and teaching the student.

Philosophy/Enrollment Agreement continued:

_____ Late Pick-up Fees: Stepping Stones provides after school for our preschool students (infant - 3 years old) until 5:30. A late fee of \$10.00 will be charged after the first 5 minutes and \$1.00 for each additional minute thereafter. After school care is available for our Pre-K until 5:30 and Academy students until 4:30 at a cost of \$30.00 per week.

_____ Stepping Stones emergency transport procedures indicate that children will be taken by ambulance to Spalding Regional Medical Center. I agree with this transport policy. I will provide current physician phone numbers on required enrollment forms.

_____ Meal Fees: Stepping Stones offers daily meals (breakfast, lunch, and snacks) at a rate of \$40.00 per month, per student. For those who participate in the program, this fee is due on the first of each month, along with tuition payments.

_____ I understand Stepping Stones must comply with the Bright from the Start rules for licensed child care centers related to infant sleep requirements. All infants, defined as children under the age of 12 months must be placed to sleep on the infant’s back unless there is written physician’s statement on file that authorizes another sleep position.

I understand that in signing this Agreement for the coming school year, I am agreeing to accept the policies and procedures of the school as established by the Board of Trustees and/or Administration of the school, the policies and procedures set forth in the school’s handbook, and the financial terms and conditions described above. Furthermore, I specifically authorize the school to prohibit my child from attending classes and to refrain from the issuance of any of his/her reports or permanent records to anyone, including myself, until all charges have been paid in full.

(Parent/Guardian Signature) (Date)

(Parent/Guardian Signature) (Date)

Financial Support

I understand that I am responsible for all financial obligations that are incurred by the registration of my child in Stepping Stones ETC. Tuition payments are due on the 1st of each month. Account will be considered delinquent after the 10th of the month. A late fee of \$50.00 will be added to the amount due if tuition is more than 10 days late. If an account becomes more than 30 days delinquent the parent may be asked to withdraw their child from school. The student can be reinstated when the account is brought current. If a check is returned then all fees must be paid in cash, cashier’s check, or money order for the remainder of the year. We cannot accept postdated checks. Accounts must be paid in full before a student can be considered for enrollment for the next school year. Tuition is prorated over a 10 month period. Therefore, you owe the same amount each month, even when we are closed for breaks. By signing this statement, I fully understand that I am responsible for the entire tuition and fees amount for the present school year.

(Parent/Guardian Signature) (Date)

(Parent/Guardian Signature) (Date)

Parent Questionnaire

In order to know your student and your family better, your responses below will be helpful to us in the admissions process. Thank you in advance for your time and insight.

Applicant's Name: _____ Entering Grade: _____

How did you hear about Stepping Stones Educational Therapy Center?

What are your child's academic strengths/weaknesses?

Briefly describe your child's personality.

Has your child ever repeated a grade () Yes () No / Skipped a grade? () Yes () No

If "yes", please indicate the grade(s) _____. Briefly describe the circumstances.

_____ Has your child ever been enrolled in a specialized learning program? (i.e. Special Education, gifted)
() Yes () No If "yes", briefly describe.

Has your child been diagnosed with any physical or psychological problem? (i.e. ADD, ADHD, etc.)

() Yes () No Is he/she taking medication? () Yes () No If "yes", briefly describe.

Has your child ever been suspended, expelled, or asked to withdraw from any school? () Yes () No

If "yes", please give reason and the circumstances.

We welcome any additional comments that you might like to make about your child. A parental perspective helps us to know each applicant more completely.

My signature below indicates that all information on this application is complete & factually presented.

(Parent/Guardian Signature)

(Date)

Records Release Authorization

To be signed and submitted by parent/guardian to the applicant's present school.

To: Principal or Guidance Counselor:

My child is an applicant for admission to Stepping Stones Educational Therapy Center. I hereby authorize you to release to Stepping Stones Educational Therapy Center the following records: a certified copy of the complete transcript (including grades and all standardized test results), immunization health records (Form 3231), dental, hearing, vision form (Form 3300), birth certificate, Social Security Card, and any other data pertinent to understanding the student's individual needs. (Example Student Support File, Individualized Education Plan, Psycho-educational or Psychological Evaluation)

Name of Applicant:

(Last name)

(First)

(Middle)

Date: _____ Current Grade Level: _____

Name of Current School:

School Phone: _____

(Parent/Guardian Signature)

(Date)

This information should be mailed to:

**Admissions
Stepping Stones Educational Therapy Center
141 Futral Road
Griffin, GA 30224**

Thank you in advance for your prompt assistance.

Stepping Stones Educational Therapy Center

Tuition and Fees Schedule 2017-2018

Program	# of Days Attending	Tuition Weekly	Tuition Monthly
6 wks - 3 yrs old	5 days MTWThF	\$162.50	\$650.00
6 wks - 2 yrs old	3 days MWF	\$112.50	\$450.00
	2 days TTh	\$80.00	\$320.00
Lottery Funded Pre-K	5 days	FREE	FREE
Academy Classes (5-14 yrs old)	5 days	\$225.00	\$900.00
Marcus Model Classroom	5 days	\$250.00	\$1000.00

Tuition and meals are due on the first of each month. Tuition and fees can be paid by check, money order, credit card or cash. For the safety of our students and staff, Stepping Stones discourages payment in cash.

Registration Fee

The registration fee is \$100.00 for returning students and \$150.00 for newly enrolled students. The fee for two or more students is \$200.00. The registration fee is a non-refundable fee for the academic year in which your child is enrolling. This fee holds a place for your child at Stepping Stones Educational Therapy Center. The registration fee is due upon submission of application. The registration is required for all families, is non-refundable, and scholarship funds may not be applied to this fee.

Scholarship

See Kay Crawley in the front office for scholarship forms. Please note that scholarships are only available to special needs students.

After School/Lunch Cost

After school is available until 4:30 for Academy students and until 5:30 for Pre-K students. The cost for after school for Pre-K - age 14 is \$30.00 per week. The charge will be added to your monthly tuition. For students in our preschool (infant - age 3) there is no charge for after school.

Lunch will be \$40.00 per month unless your child qualifies for the Free-Reduced lunch program.

Stepping Stones School Schedule 2017-2018

Drop Off and Pick Up Hours

Pre-school (Infant - 3 yrs old)

Students may be dropped off beginning at 7:30 am

Students may be picked up until 5:30 pm

The academic day begins at 8:30 am and ends at 3:00 pm

Lottery Pre-K

Students may be dropped off beginning at 7:30 am

Students should be picked up by 3:15 pm

The academic day begins at 8:30 am and ends at 3:00 pm

After School is available from 3:15 pm - 5:30 pm at a cost of \$30.00 per week

Academy Program (ages 5-14)

Students may be dropped off beginning at 7:30 am

Students should be picked up by 3:15 pm

The academic day begins at 8:30 am and ends at 3:00 pm

After School is available from 3:15 pm - 4:30 pm at a cost of \$30.00 per week

Late Charges:

Any child who is picked up after the after school cut off times will be charged a late fee as follows:

\$10.00 for the first five minutes and **\$1.00** for each additional minute until the child is picked up.