



11655 Alta Vista Road
Fort Worth, TX 76244
817-562-4600

Director -Susan Porter

Application for Admission

(Complete for each child)

Child's Name _____
Last First Middle

O Male O Female DOB ____/____/____

Enrolling Parent/Guardian Name _____

Relationship to Child _____ Email Address _____ DL # _____

Address _____ City/State/Zip _____

Employer _____ Work Phone _____

Home Phone _____ Cell Phone _____

Parent/Guardian Name _____

Relationship to Child _____ Email Address _____ DL # _____

Address _____ City/State/Zip _____

Employer _____ Work Phone _____

Home Phone _____ Cell Phone _____

If divorced, who has legal custody? _____

May the non-custodial parent pick up the child? O YES O NO

Stepping Stones Academy must be provided with court-issued custody papers that clearly describe the custody arrangements. Any person granted custody in such papers may pick up the child during the times that person has custody and may designate other persons who are authorized to pick up the child at such times, unless court papers state otherwise.

PHYSICANS INFORMATION

Please list the physician's name, address, and phone number of your child's physician and/or emergency-care facility:

Physician Name _____ Phone _____

Address _____ City _____

Emergency-Care Facility _____ Phone _____

Please list any special problems or special care needs for your child. This may include allergies, existing illness, previous serious illness, injuries, hospitalizations during the past 12 months and any medications prescribed for continuous, long-term use:



ADMIT AND RELEASE/EMERGENCY

It is the policy of *Stepping Stones Academy* that your child must be checked-in by the teacher in the room. There will be a teacher to escort your child into the room and involve them in current activities. It is also the policy of *Stepping Stones Academy* not to release your child to anyone other than a parent/guardian, or person(s) designated by that parent(s). This policy is a licensing requirement and has been put in place to ensure the safety of your child and for you to know that your child is in a safe and happy environment.

Please list below and provide the information needed, for any person you allow dropping off and/or pick-up your child:

You **MUST** designate a minimum of **ONE** Emergency contact/ Drop off – Pick up Person.

Emergency Contact/Drop off OR Pick up _____

Address _____, **City** _____, **State** _____ **Zip Code** _____

Home # _____ **Work #** _____ **Cell #** _____

DL Number _____

Emergency Contact/Drop off OR Pick up _____

Address _____, **City** _____, **State** _____ **Zip Code** _____

Home # _____ **Work #** _____ **Cell #** _____

DL Number _____

Emergency Contact/Drop off OR Pick up _____

Address _____, **City** _____, **State** _____ **Zip Code** _____

Home # _____ **Work #** _____ **Cell #** _____

DL Number _____

LATE PICK UP POLICY

It is the Operating Policy of *Stepping Stones Academy* to be open from 6:30a-6:30p. If for any reason you cannot pick up your child (ren) before 6:30 p.m., there will be a Late Pick-up Fee accessed to your account.

The Late Pick-up Fee that you will be charged is \$5 for the first 5 minutes and \$5 per minute for every minute thereafter. This charge will be paid to the closing person each time that you are late picking up your child (ren).

Whether it is the weather, traffic, or family, the Late Pick-up Policy will be in effect and implemented. If you have made arrangements with other family or friends to pick-up your child (ren), they will need to pay the Late Fee to our closing person. By signing this policy you are stating that you understand the policy and agree to pay the fee on the night(s) that you are late.

Enrolling Parent/Guardian Signature _____ **Date** _____



TEXT MESSAGE ALERT ACKNOWLEDGEMENT/APPROVAL

____ I WOULD like to have my cell phone number added to Stepping Stones Academy’s text message alert system. *I understand that standard message and data rates apply.*

____ I DO NOT wish to be added to Stepping Stones Academy’s text message alert system.

Enrolling Parent/Guardian Signature _____ **Date** _____

STUDENT PRIVACY HIPPA POLICY

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. PLEASE READ IT CAREFULLY.

Stepping Stones Academy is required, by law, to maintain the privacy and confidentiality of your protected health information and to provide our families with notice of our legal duties and privacy practices with respect to your protected health information.

DISCLOSURE OF YOUR HEALTH CARE INFORMATION

EMREGENCIES

We may disclose your health information to notify or assist in notifying a family member, or another person responsible for your care about your medical condition or in the event of an emergency or of your death.

PUBLIC HEALTH

As required by law, we may disclose your health information to public health authorities for purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or neglect, reporting domestic violence, reporting the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure.

Enrolling Parent/Guardian Signature _____ **Date** _____

SSA SOCIAL MEDIA/ SSA WEBSITE PERMISSION

Pictures and videos are frequently taken during preschool activities, parties, special visitors, and other events. They are most often used for gifts for the parents, memory books, and special events. There may be times when they are occasionally displayed in the preschool, in newsletters/newspaper articles, SSA social media and SSA web pages.

- I authorize *Stepping Stones Academy* staff to photograph my child.
- I DO NOT authorize *Stepping Stones Academy* staff to photograph my child at any time.

Enrolling Parent/Guardian Signature _____ **Date** _____

WATER ACTIVITIES

During the appropriate seasons we do offer limited outdoor water activities. They can consist of water table play, sprinkler play, splash pads, and aquatic slides/playgrounds. ***No water activities will be offered to any child under the age of 18 months.***

Even though we ***do not*** have any type of swimming pool available to the children, THHS requires us to ask all parents if their child is able to swim without assistance: YES NO If not, what type of assistance is needed? _____

- I GIVE consent for my child to participate in water activities.
- I DO NOT give consent for my child to participate in any water activities.

Enrolling Parent/Guardian Signature _____ **Date** _____



DISCIPLINE AND GUIDANCE POLICY

Discipline must be:

- (1) Individualized and consistent for each child
- (2) Appropriate to the child’s level of understanding; and
- (3) Directed toward teaching the child acceptable behavior and self-control

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

- (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- (2) Reminding a child of behavior expectations daily by using clear, positive statements;
- (3) Redirecting behavior using positive statements; and
- (4) Using brief supervised separation or time out from the group, when appropriate for the child’s age and development, which is limited to no more than one minute per year of the child’s age.

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- (1) Corporal punishment or threats of any corporal punishment;
- (2) Punishment associated with food, naps, or toilet training;
- (3) Pinching, shaking, or biting a child;
- (4) Hitting a child with a hand or instrument;
- (5) Putting anything in or on a child’s mouth
- (6) Humiliating, ridiculing, rejecting, or yelling at a child;
- (7) Subjecting a child to harsh, abusive, or profane language;
- (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
- (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child’s age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

Enrolling Parent/Guardian Signature _____ **Date** _____

My signature verifies I have read and received a copy of this discipline policy.

SUNSCREEN/INSECT REPELLENT PERMISSION

I authorize *Stepping Stones Academy* staff to apply the sunscreen and/or insect repellent that I provide for my child before outdoor play/activities.

I DO NOT authorize *Stepping Stones Academy* staff to apply sunscreen or insect repellent to my child before outdoor play/activities.

Enrolling Parent/Guardian Signature _____ **Date** _____

RECEIPT OF WRITTEN OPERATIONAL POLICIES, I acknowledge receipt of *Stepping Stones Academy’s* operational policies, which are found at *www.TheSteppingStonesAcademy.com*, including those for Discipline and Guidance.

Enrolling Parent/Guardian Signature _____ **Date** _____

FOR OFFICE USE ONLY

Date of Admission _____

Parent Updates _____

Date of Withdrawal _____

Parent Updates _____

Class and Days in Care _____

Parent Updates _____



Consent for Medical Treatment

In the event of a more serious illness or injury, I authorize *Stepping Stones Academy* to contact a parent or legal guardian of the child and follow his/her instruction. Emergency name and phone number other than a parent:

Name _____ Phone _____

In the event of an emergency when a parent or guardian cannot be reached immediately, *Stepping Stones Academy* authorities are hereby authorized to use their best judgment in contracting a properly licensed physician or in transporting my child to the hospital or medical facility for consultation and/or treatment. Such transport is to be done by school-provided transportation or, if the *Stepping Stones Academy* officials deem it preferable, by ambulance. For information only, the name of my child's physician is:

Physician Name _____ Phone _____

Furthermore, I release the Director or his designated representative, and *Stepping Stones Academy* from any liability which might arise as the result of medical service and treatment provided by any physician or hospital or medical facility pursuant to such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as possible after the need arises. I agree to be responsible for any cost of medical service or treatment of my child as the result of the above authorization and agree to indemnify and hold harmless *Stepping Stones Academy*, the Director or any staff member, tenants or employees from any expense incurred for said treatment or services.

Enrolling Parent/Guardian Signature _____ Date _____

ALLERGIES

- Does your child have any allergies of any sort? YES NO
- Does your child have any **food sensitivity**? YES NO
- Does your child have any **diagnosed FOOD** allergies? YES NO

(Please note that if your child has been diagnosed with any **FOOD allergy** you will be required to have a Food Allergy Emergency Care Plan in place. The form will be provided to you and must be signed and dated by the parent AND the child's health care professional **BEFORE** admission to school.)

If yes, please explain: _____

Does your child take medications regularly? (All medication must be in its original container and labeled with child's name)

YES NO

If yes, please describe _____

Child's Legal Name: _____

Enrolling Parent/Guardian Signature _____ Date _____



CHILD CARE RATE AGREEMENT

This Child Care Agreement is made this day of _____, 20____ by and between the Parent/Legal Guardian of child/children enrolled and Stepping Stones Academy.

1. TERM OF AGREEMENT. This Agreement shall be effective upon the date hereof and shall continue in effect until termination pursuant and subject to the terms and conditions hereof. Subject to the terms and conditions hereof, upon the happening of any of the following events, this Agreement is terminated:

- a. If Stepping Stones Academy elects, upon default by the Parent/ Legal Guardian of any payments to Stepping Stones Academy.
- b. Upon Stepping Stones Academy's written notice to the Parent/ Legal Guardian, with or without cause, at any time.
- c. Upon Parent/ Legal Guardian option and after at least two (2) weeks' written notice given on a Monday by 6:30 p.m. to Stepping Stones Academy, with or without cause; or
- d. Upon mutual written agreement between the parties to terminate the Agreement. Under any circumstances, the obligations of the Parent/Legal Guardian under paragraph 11, "Default", shall survive the termination of this Agreement. If a two-week notice is not received by Monday at 6:30pm the notice will not start until the following Monday and the undersigned will be responsible for another week of tuition.
- e. Stepping Stones Academy will not release any records, Tax Statements, Evaluations, Recommendations, etc., when there is a Past Due Balance. Once the balance is paid in full, Stepping Stones Academy will release all documents that have been requested.

2. CHILD CARE SERVICES. Stepping Stones Academy agrees to provide a space at Stepping Stones Academy for each child listed at the end of this Agreement under the designation, "children", and to provide certain services as described below:

- a. Give care to the children when Stepping Stones Academy is open for business.
- b. Provide Breakfast, lunch and snacks to the Children each day.
- c. Provide necessary instructional supplies to Children while at Stepping Stones Academy

3. WEEKLY TUITION. The Parent/ Legal Guardian agree to pay Stepping Stones **in advance**, a Weekly Tuition of \$_____ during the entire term of this Agreement. The Parent/ Legal Guardian understand and agree that Stepping Stones Academy has the right, immediately upon written notice to Parent/ Legal Guardian and for any reason whatsoever to change the Weekly Tuition payable by the Parent/ Legal Guardian. The Parent/ Legal Guardian further understands and agrees to pay weekly tuition by contract regardless of actual attendance. Therefore, the obligation to pay continues each week throughout the year that your child remains enrolled at Stepping Stones Academy. In order to hold your child's enrollment spot, weekly tuition will be charged even in the event of closure due to inclement weather, national disaster, pandemic, or any other unforeseen and/or unavoidable event.

4. LATE CHARGES. The Parent/ Legal Guardian understand and agree that if the Weekly Tuition including any other accrued fees and charges, is not paid to Stepping Stones Academy on or before the end of business on Tuesday of the week for which the space is reserved for the Children, the Parent/ Legal Guardian shall pay, in addition to the Weekly Tuition and other accrued fees and charges a Late Payment Convenience Fee of \$50 for each week per child that the Weekly Tuition, including any other accrued fees and charges, is unpaid and past due.

5. RETURNED CHECK CHARGE. The Parent/ Legal Guardian and agree that if any check tendered to **Clear Capital Childcare** is returned unpaid by the bank for whatever reason, the Undersigned shall pay a Returned Check Charge of \$45.00. After two returned checks, payments by check will no longer be accepted.

6. REGISTRATION FEE. The Parent/ Legal Guardian understand and agree that they shall pay **in advance** to Stepping Stones Academy a nonrefundable registration fee of \$125 per child or \$175 for two or more children.

7. BOOK FEE. The Parent/Legal Guardian understand and agree that they shall pay a **nonrefundable Book Fee of \$85.00** for each child enrolling in PS1-PS2, a **nonrefundable Book Fee of \$100.00** for each child enrolling in PS3-PS4, a **nonrefundable Book Fee of \$125.00** for each child enrolling in Pre-Kindergarten upon enrollment, and a **nonrefundable Book Fee of \$190.00** per child enrolling in Kindergarten and First Grade.

8. TRANSPORTATION. The Parent/ Legal Guardian understand and agree that Stepping Stones Academy has no responsibility or obligation for transportation of the Children to or from Stepping Stones Academy and that Stepping Stones Academy has no responsibility or obligation to provide or arrange "car pool" services.

9. ARRIVAL/ DISMISSAL AND LATE PICK-UP FEE. The Parent/ Legal Guardian understand and agree that:

- a. Children are not permitted at Stepping Stones Academy before 6:30 a.m.
- b. Children must be accompanied into Stepping Stones Academy's facility by an adult.
- c. Stepping Stones Academy shall release Children only to persons listed on the Pick-Up Permission form.
- d. The Parent/ Legal Guardian shall pay a Late Pick-up Fee of **\$5.00 for the first 5 minutes after 6:30p.m. and \$5.00 for every minute after 6:35 p.m.** per child.
- e. If the Parent/Legal Guardian is contacted to come pick up their child due to illness or other reasons that the child is no longer able to be at the center, the Parent/Legal Guardian is **REQUIRED to have their child picked up within one hour** of the time of the first notification.

LIMITATION OF LIABILITY. The Parent/ Legal Guardian understand and agree that Stepping Stones Academy shall not be liable under any circumstances for any damages, including any incidental or consequential damages or commercial loss or lost profits, for failure to perform any of its obligations under this Agreement and, further, Stepping Stones Academy shall not be obligated to perform under this Agreement nor be responsible for failure to perform if



prevented from doing so because of strikes, fire, water, acts of God, storms, mandated closures, governmental actions, or other similar or dissimilar causes beyond Stepping Stones Academy's reasonable control.

10. DEFAULT. The Parent/ Legal Guardian understand and agree that they are in default of this Agreement if they fail to make any payments to Stepping Stones Academy as required under this Agreement or if they fail to perform under or comply with the provisions of this Agreement of the Parent Handbook, a copy of which has been given to the Parent/ Legal Guardian and is incorporated herein by reference.

a. If the Parent/ Legal Guardian default under this Agreement, the Undersigned shall immediately pay to Stepping Stones Academy all amounts that are either owed or due to Stepping Stones Academy under the remainder of this Agreement, including but not limited to a **“two-week termination fee, and any collection costs and attorney’s fees** incurred by Stepping Stones Academy to collect said amounts.

b. If Stepping Stones Academy elects, it may immediately terminate all services provided by it under this Agreement, including but not limited to the immediate dismissal of the Children from its facility.

11. ENTIRE AGREEMENT. This Agreement constitutes the entire agreement between the parties relating to the subject matter hereof and supersedes all previous agreements and contracts between the parties hereto, both oral and written, and this Agreement may not be modified except in a writing executed by both parties.

12. SEVERABILITY. The invalidity or unenforceability of any provision of this Agreement shall not affect the remaining provisions of this Agreement that are valid under the laws of this State.

13. APPLICABLE LAW. The laws of this State shall govern the interpretation, construction, and enforcement of this Agreement. The courts located in this County, this State shall have exclusive jurisdiction over all matters concerning this Agreement and will be the proper forums for adjudication of these matters.

14. ACKNOWLEDGMENT OF PARENT HANDBOOK. The Undersigned acknowledges that they are aware of the Stepping Stones Parent Handbook is available on our website, <https://thestepingstonesacademy.com> for their viewing and agree to abide by its policies and provisions.

15. RELEASE OF CHILDREN. The Parent/ Legal Guardian acknowledge that Stepping Stones Academy has the right to withhold the release of any child(ren) to anyone whose behavior could place the child(ren) in immediate risk. The undersigned also acknowledges that this clause is a requirement set forth by the Department of Human Services for child care centers to receive and maintain a child care license.

16. PRE-ENROLLMENT VISIT I hereby acknowledge that my child and I have made a pre-enrollment visit or were unable to do so with the permission of the director or Stepping Stones Academy.

17. GUARANTEED START AGREEMENT. The registration fee and book fee are due as a nonrefundable deposit in order to be given a guaranteed start date. The undersigned will be responsible for full fees effective that date, whether the child(ren) is in attendance. In the event the child(ren) fail to start on the agreed upon guaranteed start date, fees will automatically be added weekly. Failure to pay these fees by 6:30 PM of the first Tuesday after the guaranteed start date, and by 6:30 PM every subsequent close of business Tuesday, will constitute a forfeiture of the deposit (as explained above) as well as the child's spot in their classroom.

If undersigned, the undersigned shall further state that they understand that the fees may increase between the date this agreement is signed and the agreed upon guaranteed start date. In the event this happens the undersigned agrees to pay the new rates or forfeit the deposit and the child's guaranteed spot at the center.

**It is important for our Bright Ideas Family locations to maintain a secure and stable environment for the children in our care. We must also offer our staff and teachers the security of knowing that their employment with us is also secure and stable. This task becomes impossible if/when parents choose not to pay the tuition when their child is absent from school for illness or vacation, including any mandated closings, closings due to inclement weather and/or emergency situations.*

Enrolled Student

Parent/Legal Guardian's Signature

Date

For office use only

*Stepping Stones Academy Representative Signature _____ Date _____



Physicians Health Care Statement

ADMISSION REQUIREMENT: One of the following **must** be presented **BEFORE** your child is admitted to the Academy. Only one option is required.

Child's Name _____

Child's Date of Birth _____

Select one of the following:

1. **HEALTH-CARE PROFESSIONAL'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 day care program.

Physician's Signature _____ Date _____

2. A signed and dated copy of a health-care professional's statement is attached.

3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

Parent's Signature

Date



Family Waiver and Release

I, _____, am the parent/guardian of _____ (Child's name) who is enrolled as a student at Stepping Stones Academy. I agree, consent, and give my express permission for my Child to fully participate in all the following Activities while in the care of Stepping Stones Academy: all use of the playground and equipment; and all water-related activities, specifically including the use of water-play equipment of any type or description.

I understand that Stepping Stones Academy will make no determination with respect to whether my Child is physically able to safely participate in the Activities. I understand that it is my sole responsibility to make such determination and, at my discretion, to discuss the same with my Child's physician or healthcare provider.

I fully and finally waive, release, and discharge with prejudice Clear Capital, LLC, Clear Capital, LLC, Series One-Childcare, and Stepping Stones Academy, including their members, officers, center directors, employees, and agents, from any and all claims, damages, causes of actions, suits, complaints, bodily injuries, death and damages that may be sustained or may arise during my Child's participation in all activities.

Parent's Signature

Date