



ENROLLMENT DOCUMENTS

50 North 4th Street, Suite 102

Reading, PA 19601

Phone: 610.340.3561

www.steppingstonesacademy-reading.com

contact@steppingstonesacademy-reading.com



ENROLLMENT APPLICATION

Help your child step into a brighter future!

Child's Name: _____ Child's Date of Birth: _____

Male/Female: _____ Address: _____ City: _____ State: _____

Parent/Legal Guardian- 1: _____ Formal Education: _____

Address: _____ Phone: _____

Work Place: _____ Business Hours: _____ Email Address: _____

Parent/Legal Guardian- 2: _____ Formal Education: _____

Address: _____ Phone: _____

Work Place: _____ Business Hours: _____ Email Address: _____

Days/hours when care is needed: _____ *Reason child care is needed:* _____

Family composition: _____

Any previous child care experience: _____

The center does not exclude children with special needs. If we can provide a safe environment. The following information is requested to help us plan care for your child. Special needs of child: (medications, treatment, allergies, food intolerance, behaviors, etc.): _____

Special needs of parent(s): (inability to climb stairs, difficulty lifting child, ect.): _____

Cultural habits, home issues that may affect a child's behavior:

Usual eating schedule: _____

Food child likes: _____ Dislikes: _____

Things that comfort child: _____ scares child: _____

Parent Signature: _____ Date: _____

Enrollment Date: _____

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MEDIA CONSENT FORM

I hereby consent to the use of any photographs/videotape taken of my child by STEPPING STONES ACADEMY-READING. for the media for the purpose of: advertising, publicizing, events, newsletter, website, other publications, television, radio, communications and other advertising media.

By law, STEPPING STONES ACADEMY-READING protects the privacy of the students and is prohibited from releasing students' personal information. The program participant will be identified by first name only. No last names will be mentioned in any communique.

There may be a time when a representative from the news media is invited to cover events at the academy. When this happens, there is a possibility your child/children may be photographed, videotaped or interviewed for a news story. Please mark the appropriate choice below regarding the consent of photographs and media at STEPPING STONES ACADEMY-READING.

Return this signed form with the entire enrollment packet.

☐ **Yes, I give permission to photograph, videotape, interview or audio record my child for local news media I also give permission to display my child's school work and photographs including class pictures.**

☐ **Yes, I give permission to publish my child's artwork, photographs and videos on the website and Facebook page only.**

☐ **Yes, please only publish my child's photograph in group photos.**

☐ **No, my child(ren) may not have their individual photos taken.**

☐ **No, please do not publish my child's photograph or school work on the website or any other internet page for which the photo may be requested.**

☐ **No, I do not give permission for my child's photograph or school work to be used for ANY school publication, news media usage or internet website.**

Please Print Child's Name: _____

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

Parent's Signature: _____ Date: _____

EMERGENCY EVACUATION PLAN

To the Parent(s)/Guardian(s)

This letter is to assure you that your child's safety and welfare while under the care of STEPPING STONES ACADEMY is paramount. Our Emergency Evacuation Plan provides for response to all types of emergencies. Depending on the specific circumstances of the emergency, we will adhere to one of the following protective actions:

Immediate Evacuation

Students are evacuated to a safe area off the grounds of the facility in the event of a fire, or other emergency. Electing to remain in our facility In-place sheltering:

Sudden Occurrences

In the event of emergency weather or hazardous materials spill/leak, may dictate that taking shelter inside the building is the best immediate response.

Evacuation

If there is imminent danger in the area, a total evacuation of the facility may become necessary. In this case, children will be taken to an evacuation facility at either:

PAL Center for the Arts
328 Walnut Street
Reading, PA 19601

Lobby of Washington Street Towers
50 North 4th Street
Reading, PA 19601

Modified Academy Operation

May include cancellation/postponement or rescheduling of normal activities. These actions normally occur due to a winter storm or building issues that make it unsafe for students (ex: an electrical power outage). Again, we respectfully ask that you do not call the academy during an emergency. It is extremely important that the main telephone line is free to make emergency calls and relay information. The facility director will provide an alternative phone number (i.e. cell phone number, etc.) to be used in the event of an emergency. Please, in the event of an emergency, please do not make alternative pick up arrangements. We can only release your child(ren) to an individual who is on the "authorize Pick-up Form". Alternative arrangements will only create additional confusion and divert staff from their assigned emergency duties. In order to assure the safety of your children and our staff, thank you for your understanding and cooperation. Should you have additional questions regarding our emergency operating procedures, please contact the Owner or Director.

PARENT FEE AGREEMENT FORM

55 PA CODE CHAPTERS 3270.123 & 181(c); 3280.123 & 181(c) ; 3290.123 & 181(c)

Name of Child		
Fee Amount \$	Per Day - Week	Day Payment To Be Made
Services to be provided as part of the day care fees:		
Child's Arrival Time	Child's Departure Time	Person(s) Designated by Parent to Whom Child May Be Released.
Late fee \$ 10.00	Per Min - Hr 15	
Extra services to be provided at an additional fee if applicable		
I, the parent/guardian:		
<input type="checkbox"/> receive complete written program information at the time of enrollment 3270.121, 3280.121, 3290.121)		
<input type="checkbox"/> agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum (3270.124, 3280.124, 3290.124)		
_____ Signature- Operator		_____ Signature-Parent or Guardian
Date		
Date of Child's Admission	Periodic Review	
Date of Withdrawal	_____ Signature-Parent or Guardian	_____ Date

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PLEASE CIRCLE THE CORRECT ENROLLMENT INFORMATION

Classrooms:

Freshmen - Sophomores - Juniors - Seniors - Blended 1 - Blended 2

Full-time / Part-time: Monday - Tuesday - Wednesday - Thursday - Friday

- **Full-time** - Care for your child is defined as 5 days a week for 5 hours or more per day. The minimum enrollment for this program is for 3 days a week.
- **Part-time** - Care for your child is defined as 3 days a week for 5 hours or more per day. The minimum enrollment for this program is for 3 days a week.
- **Blended Rates** - Care rates for children attending school during the school year. This rate combines day during the school year when a child requires part-time care during school and when the child requires full-time.
- **Drop In - Maximum of eight hours or care.**

PAYMENT METHODS

Cash, debit/credit card accepted.

Payments may also be made through the Brightwheel app.

ADDITIONAL FEES

Annual Registration: \$40.00 due at time of enrollment / Late pick-up: \$10.00 every 15 minutes

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EMERGENCY CONTACT/PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b) 3270.181 & 182 3280.124 (a)(b) 3280.181 & 182 3290.124 (a)(b) 3290.181 & 182

Childs Name:	Date of Birth:
Address:	City:
Mother/Legal Guardian Name	Home Phone:
Address:	Cell Phone:
Business Name:	
Business Address:	Work Phone Number:
Father/Legal Guardian Name	Home Phone Number:
Address:	
Business Name:	
Business Address:	Work Phone Number:
Emergency Contact(s) Person <i>other than parent/legal guardian.</i>	
Please list: First and Last name Telephone number when child is in care	
1.)	
2.)	
Name of the person authorized to pick up your child.	
Please list: First and Last name Address Telephone number when child is in care	
1.)	
2.)	
3.)	
Name of child's physician or medical care provider	Phone number
Physician's office address	
Special disabilities if any	Allergies including medical allergies
Dietary or medical information necessary in an emergency situation	Medical, special condition
Additional information on the needs of the child.	
Health insurance for the child	Policy Number (required)

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PARENT SIGNATURE REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENT CONSENT

Obtaining emergency medical treatment	Administration of minor first-aid procedures				
Walks and Trips	Swimming (TBD) Wading				
Apply of lotion (Ex. sunscreen, hand cream to prevent dryness)	Transportation by the facility (when applicable)				
<p>Are there any custody papers for this child?</p> <table border="1"> <tr> <td><input type="checkbox"/></td> <td>Yes</td> <td><input type="checkbox"/></td> <td>No</td> </tr> </table>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<p>IF YES, A COPY MUST BE ATTACHED.</p>
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		

Parent/Guardian Signature: _____

Date: _____

Periodic Review

Parent/Guardian Signature: _____

Date: _____



Acknowledgement - Emergency Plan

I, _____ the parent of _____, acknowledge that I have received information regarding STEPPING STONES ACADEMY-READING, basic ***Emergency Plan***.

Parent/Guardian (Print Name)

Parent/Guardian Signature

Date



Acknowledgement - Nondiscrimination in Services

I, _____ the parent of _____, acknowledge that I have received information regarding STEPPING STONES ACADEMY-READING, ***Nondiscrimination in Service Policy*** and have been informed that a copy is available for review at the Center in the “Parents Corner” area.

Parent/Guardian (Print Name)

Parent/Guardian Signature

Date