



# Application for Admission

Child's Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Toilet Trained: \_\_\_\_\_ YES \_\_\_\_\_ NO Scheduled Start Date: \_\_\_\_\_

Form of Deposit: \_\_\_\_\_ Cash \_\_\_\_\_ Credit Card \_\_\_\_\_ Check

Parent / Guardian Information	Parent	Parent
Name :		
Home Address:		
City, State, Zip Code:		
Phone Number:		
Cell Number :		
Email Address:		
<b>***Emergency Pick Up***</b> Name/Information Phone Number:		

\*\*\*In case of emergency, the above individual is authorized by the parent/guardian to pick up their child. The authorized individual MUST show picture I.D. prior to the child being released.



# Application for Admission

## Medical/ Allergy Information

List All Allergies Below:

List All Medical Conditions:

**Does your child receive any services, please check off below:  YES.  NO**

Physical Therapy  YES.  NO

Speech  YES.  NO

Occupational Therapy  YES  NO

Special Instruction  YES  NO

SIET Services  YES  NO

CPSE  YES.  NO

Early Intervention  YES  NO

**At Steps to Success we welcome all services to aid our little learners to reach their greatest potential!**

## How did you learn about Steps to Success?

Google  Facebook  Instagram  Live Locally

Family Friend - Name \_\_\_\_\_  Other \_\_\_\_\_

**As a cooperative day care center, Steps to Success V relies and respects parent involvement. How do you see yourself involved at our center?**



# Application for Admission

**Please list the three most important qualities you look for in a day care center:**

- 1.
- 2.
- 3.

**Has your child attended daycare previously?**

YES  NO

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**Parent/Guardian Signature**

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**Date**





# Program Agreement Form

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_  
agree to pay \$ \_\_\_\_\_ for my child's attendance at Steps to Success V daycare facility.

**\*\*\* I also understand that any deposits given to secure my child(ren)'s seat is non-refundable unless a 3 month notice prior to the start date is provided to Steps To Success. Furthermore, should I decide to postpone my child's start date, I understand and acknowledge that a onetime allowance is permitted for a postponement and should I decide not to attend after the postponement is granted, our deposit is relinquished immediately as the 3 month notice policy Will NOT apply (the 3 month refund policy applies to the initial start date selected).\*\*\***

Payment is due by the 5th of each month or I am liable for \$30.00 late fee. I understand that my child is permitted ONE (1) Vacation credit (vacation time is considered 5 consecutive days and **MAY** include when Steps to Success is closed and nonoperational for holidays or emergency closures) per year at no charge to me. In furtherance I understand that my child is entitled to TWO (2) sick week credits (5 consecutive school/OPERATIONAL days) per year for which I will be responsible for 50% of the tuition for that week ONLY. My year commences from the date that my child begins attending Steps to Success and will be construed as my official enrollment. I am aware that I may NOT rollover any unused sick / vacation days/credits into the following attending year. I am also aware that any credit for vacation or sick time is limited to ONLY ONE (1) week maximum per month. Sick / Vacation time is considered 5 consecutive days when Steps to Success is open and operational hence this excludes emergency closures.

Furthermore, if we are closed due to weather related conditions or events that are out of our control (i.e.: no electricity/heat, storm related disasters, floods) we are not liable and full tuition will be applied for that particular month ONLY. If we are closed due to any of the following unforeseen events below, in the first 5 days of closure, there will be no credit applied towards that months tuition payment. In addition, we will ONLY provide credit for 50% of the remaining tuition paid for said month beyond the first 5 days. If we are closed beyond that month, you will not be required to pay tuition until our centers reopen:

1. Government forced shutdown
2. Department of Health Mandated Quarantine
3. Pandemics
4. Force Majeure



# Program Agreement Form

In addition, it is our policy that if you remove your child for a given month(s) you are responsible for half of the months tuition in order to hold your child's seat. The maximum amount of days your child is permitted to attend within the month that you have notified management of nonattendance is five (5). If you go beyond the five permissible days, you will be responsible for the entire months tuition less any applicable vacation/sick credits that you may have available and have not exhausted in the last months. If your child is out for 2 consecutive weeks and we are unable to reach you and/or you have not contacted us, your child's seat is subject to be forfeited.

Finally, Steps to Success LLC, and its agents reserve the right to terminate admission into said Day Care Facility if instances arise that can potentially be harmful or threatening to children attending the facility and/or staff/management performing their duties. Moreover, should a parent/guardian of an attending child constitute a threat, either mental or physical to any of the employees, management, or a child attending said Day Care Facility, management reserves the right to preclude admission. Additionally, in the event that your child requires special needs care that we will unfortunately be unable and/or unqualified to provide and once we have exhausted all options at our enter, for the betterment of your child's care and development, we will terminate services and assist in any way possible in finding alternate care.

**\*PRICES ARE SUBJECT TO CHANGE\***

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**Parent/Guardian Signature**

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**Staff Signature**

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**Date**



## Pick Up Authorization

I, (we) the parents/guardians of \_\_\_\_\_, give my (our) consent for the following individual (s) to pick up (our) child if I, (we) are unable to do so.

Name:

Address:

Phone Number:

1.		
2.		
3.		
4.		

The Following individual (s) are not allowed to pick up our child(ren):

1. \_\_\_\_\_

2. \_\_\_\_\_

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Parent/Guardian Signature

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Provider Signature



# After School Admission Application

Child's Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Scheduled Start Date: \_\_\_\_\_

Form of Deposit:  Cash  Credit Card  Check

Parent / Guardian Information	Parent	Parent
Name :		
Home Address:		
City, State, Zip Code:		
Phone Number:		
Cell Number :		
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# After School Admission Application

## Medical/ Allergy Information

List All Allergies Below:

List All Medical Conditions:

**Does your child receive any services, please check off below:  YES.  NO**

Physical Therapy  YES.  NO.

Speech  YES.  NO

Occupational Therapy  YES  NO

Special Instruction  YES  NO

SIET Services  YES  NO

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## How did you learn about Steps to Success After School Program?

Google  Facebook  Instagram  Live Locally

Family Friend - Name \_\_\_\_\_  Other \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_





# After School Program Agreement Form

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agree to pay \$ \_\_\_\_\_ for my child's attendance at Steps to Success V daycare facility.

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**Parent/Guardian Signature**

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**Staff Signature**

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**Date**



## *After School Program*

## *Bus Pick Up Form*

**To: School Name/Number:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Class:** \_\_\_\_\_

To Whom It May Concern,

I, \_\_\_\_\_ parent/guardian

of \_\_\_\_\_, am giving permission to Steps to

Success V to pick up my child from school and return to their Afterschool Program. If you have any questions, please contact me at \_\_\_\_\_.

Thank you,

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**Parent /Guardian Signature**

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**Date**





## Photo Release Form

Dear Families,

Steps to Success Photographs children regularly for multiple purposes such as:

- To utilize for arts and crafts projects within the center
- To send families photos via email or Brightwheel of daily activities performed by the children (may be individual or group)
- To post on social media forums such as our Facebook and Instagram accounts for advertising purposes

Parents must grant Steps to Success V permission, allowing photographs to be taken of a child for the above mentioned uses. Please select one of the following options below by checking off one of the boxes:

Option 1: I grant Steps to Success V permission to photograph my child and to use those photos on social media, to send via email/Brightwheel, to use for montages, and arts and crafts projects throughout the center.

Option 2: I grant Steps to Success V permission to photograph my child and ONLY use those photos to send via email/Brightwheel, to use for montages or for center based projects.





## **Illness Protocol**

**During the school year your child may become ill. This memo is to help you along should such a circumstance occur. The information provided applies to all children admitted into our program as it is to ensure the safety and well being of all students.**

**If your child is exhibiting fever, diarrhea, vomiting, or any other systems listed below, you MUST keep your child at home! This is not to punish any child but for the health of your child and the other students in the center.**

## **Returning to School**

- Fever above 100.0 degrees - 24 hours fever free with no medication
- Strep throat - Pediatrician Clearance and on antibiotics for 48 hours
- Diarrhea - 24 hours diarrhea free
- Vomiting - 24 hours without vomiting
- Consistent thick yellow/green mucus - Until no longer present
- Any unusual skin rashes - Pediatrician Clearance
- Lice - Pediatrician Clearance
- Pink Eye - 24 hours on antibiotic drops with no crust protruding from eye
- Severe coughing - Pediatrician Clearance
- Out sick for 2 or more days can ONLY return with a doctors note
- If sent home from the center sick, the child cannot return to school the following day and MUST be home 24 hours

**Steps to Success reserves the right to turn away any child if we feel they are too unwell to attend the center**

**I have read the illness protocol and returning to school protocol and will abide by it.**

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**Signature**

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**Date**