



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

** In case of emergency, the above individual is authorized by the parent(s) to pick up a child.
The authorized individual MUST show I.D. prior to child being released.*

Medical / Allergy Information

List All Allergies Below:	List Any Pertinent Medical Conditions:

How did you learn about Steps to Success III?

- | | |
|--|--|
| <input type="checkbox"/> Google | <input type="checkbox"/> Facebook |
| <input type="checkbox"/> Instagram | <input type="checkbox"/> Friend- Name _____ |
| <input type="checkbox"/> Live Locally | <input type="checkbox"/> Other |

Please list the 3 most important qualities you look for in a daycare center

Has your child attended daycare?

- Yes** **No**

What type of environment do you think is best suited to support your child's growth?

**Do you have any concerns with any area of your child's development?
Please use the space below to elaborate.**

**Describe any developmental evaluations / screenings done and subsequent
approved services (Speech, OT, PT, SEIT) **For Scheduling Purposes****

Parent Signature

Date



Program Agreement Form

I, _____, parent/ guardian of
_____ agree to pay \$_____ for my child's
attendance at Steps to Success 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 we 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 ONLY 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 Week Credit (vacation time is considered 5 consecutive days and **MAY** include when Steps to Success is closed and non-operational 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. I am also aware that any credit for vacation or sick time is limited to **ONLY ONE** (1) week maximum per month. **Please note, these credits DO NOT apply to 3K/ UPK students.**

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 month's 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 re-open:

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

In addition, it is our policy that if you remove your child for a given month(s) you are responsible for half of the month's 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 non-attendance is five (5). If you go beyond the five permissible days, you will be responsible for the entire month's tuition less any applicable vacation/sick credits that you may have available and have not exhausted in the last 12 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 being 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 qualified to provide and once we have exhausted all options at our Center, 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**

Guardian Signature

Staff Signature

____ / ____ / ____
Date



Parental Behavior and Termination of Enrollment

The well-being and safety of our staff and children are of paramount importance to us at Steps to Success. It is crucial for all members of our community to maintain a respectful, trusting and positive environment conducive to learning and growth.

Please be informed that the directors and management of Steps to Success reserve the right to terminate enrollment of any child due to the inappropriate behavior from guardians, rudeness, or harassment directed towards our staff or any member of our community. This includes, but is not limited to, demeaning remarks, threats, or excessive and unreasonable demands.

In situations where a parent or guardian exhibits such behavior, the daycare has the full authority to expel the child from our facility without any further discussions or inquiries. We appreciate your understanding and cooperation in upholding the values and standards of Steps to Success. Together, let us ensure a safe, nurturing, and respectful environment for all.

Print Name: _____

Signature: _____

Date: _____



Late Pick-Up Policy

At Steps to Success, the safety and well-being of all children in our care is our utmost priority. In order to maintain a structured environment for both staff and children, we have established the following Late Pickup Policy. Please read and sign the agreement to acknowledge your understanding and compliance with the outlined procedures.

Designated Pickup Time: Our regular operating hours are from 7AM to 7PM from September to June and 7:30AM to 6:30PM for July and August. It is essential that children are picked up promptly at the end of the day.

Notification: If you anticipate being late, please notify Steps to Success as soon as possible. We understand that unforeseen circumstances can arise, and we appreciate your communication.

Emergency Contacts: If a child has not been picked up within ten minutes after closing time and we have not received any communication, our staff will begin contacting the emergency contact's listed in your child's file.

By signing below, I acknowledge that I have read, understood and agree to adhere to the Late Pickup Policy of Steps to Success. I understand the importance of timely pickups for the safety and well-being of all children and staff.

Print Name: _____

Signature: _____

Date: _____

Photo Release Form



Dear Families,

Steps to Success III photographs children regularly for multiple purposes, such as:

- To utilize for arts and crafts projects within the center
- To send parents photos via Brightwheel of daily activities performed by the children
- To post on social media forums such as Facebook and Instagram for advertising purposes

Parents must grant Steps III permission, allowing photographs to be taken of a child for the above mentioned uses. Please select one of the following photo-permitting options below:

Option 1: I grant Steps III permission to photograph my child and use for ALL purposes mentioned above

Option 2: I grant Steps III permission to photograph my child and ONLY use for Brightwheel or center based project purposes



Pick Up Authorization

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

Name:	Address:	Phone #:

The following individual(s) are not allowed to up my (our) child.

1. _____
2. _____

Parent Signature:

Provider Signature:



Permission for Outdoor Activities

The Provider, Steps to Success _____, and the staff of Steps to Success _____ may take my child _____ for any activities checked below as part of the Preschool Program:

- On site playground
- Short walking trips

Parent Signature: _____

Date: _____





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 and it is to ensure the protection of **your** child.

If your child is having a fever, diarrhea, vomiting or any other symptoms listed below, you must keep your child at home according to the policy below. This is not to punish any child, but on the contrary it is for the safety and full recovery of that child and the health and well-being of other children.

RETURNING TO SCHOOL

- Fever above 100 degrees : **24 hours fever free with no medication**
- Strep throat: **pediatrician clearance**
- Diarrhea (3 runny stools in a row) : **24 hours diarrhea free**
- Vomiting : **24 hours without vomiting**
- Consistent yellow/green mucus : **until no longer present**
- Any unusual skin rashes : **pediatrician clearance**
- Lice : **pediatrician clearance**
- Pink Eye: **24 hours on antibiotic drops**
- Severe coughing, breathing, sore throat : **pediatrician clearance**

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

X

Signature



Napping Arrangement Agreement

As per New York State regulation 418-1.7(o): Other than for school age children, sleeping and napping arrangements must be made in writing between the parent and the program. Such arrangements shall include: the area of the program where the child will nap; whether the child will nap on a cot, mat, bed or crib; and how the napping child will be supervised, consistent with the requirements of section 418-1.8 of this Subpart.

Area of the Program Where Child Naps: **Classroom**

Child will Nap on a: **Cot with Sleeping Bag**

Child will be Supervised by: **Teacher or Teacher Assistant**

Parent/ Guardian
Name:

Name of Child:

Providers
Name:

Date of Birth:

Parent/ Guardian Signature: _____

Date: _____



TOPICAL CREAM CONSENT FORM

Authorization form for the application of non-prescription topical ointment or cream including but not limited to sunscreen, insect repellent and diaper ointment. All containers are to be marked with the child's name in permanent marker. Authorization form must be completed for each non-prescription topical ointment.

Child's Name:	Date of Birth:
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I authorize Steps to Success III to apply the following non-prescription topical ointment or cream to my child, as described below. I understand these products will only be applied according to the product's label. Any deviations from the label will require a physician's written authorization. For children under two years of age, please ensure their age is represented on the label or provide physician's written authorization.

Topical Ointment / Cream:	Where to be Applied:	When to be Applied:

Parent Signature: _____

Date: _____

DAY CARE REGISTRATION

**PHOTO OF CHILD
(Optional)**

Child's Full Name:

Does your child have any allergies? Yes No

If Yes, what is your child allergic to?

Children who have special health care needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs please discuss these with your child-care provider.

Child's Source of Medical Care/Primary Care Physician's Name:

Telephone Number:

Child's Source of Dental Care/Dentist's Name:

Telephone Number:

Name Of Medical Care Facility/Hospital:

Telephone Number:

Would you like information on Child Health Plus? Yes No

EMERGENCY DATA	RELATIONSHIP	CONTACT NAME	TELEPHONE NUMBER DURING CHILD CARE	OTHER TELEPHONE NUMBER (Check type)
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other

CHILD'S HOME ADDRESS:		DATE OF BIRTH:
		HOME TELEPHONE NUMBER:
DATE OF ACCEPTANCE:	DATE OF DISCHARGE:	
NAME OF PERSON APPLYING FOR CHILD:	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian
	<input type="checkbox"/> Caretaker	<input type="checkbox"/> Relative
	<input type="checkbox"/> Other _____	HOME TELEPHONE NUMBER:
		DAYTIME TELEPHONE NUMBER:
ADDRESS OF PERSON LISTED ABOVE: (IF DIFFERENT FROM CHILD'S):		
<p>AGREEMENTS</p> <p>I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, transportation and the services provided by the facility, and the Office of Children and Family Services regulations under which it operates.</p> <p>I give consent for my child to take part in neighborhood trips (i.e. library, park and playground) away from the facility under proper supervision. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>In case of accident or injury, I authorize any and all emergency medical, dental, and /or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed on the other side of this card) necessary for the proper health and well-being of my child. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I have provided information on my child's special needs (Allergies, Diet, Disabilities, and /or Medical Information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I agree to review and update this information whenever a change occurs and at least once every six months. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE		DATE:



Meal Check Off Form
Hours of Operation: 7 am - 7 pm

Dear Families,

Please check all boxes that apply to your child with regard to the meal that you would like for them to receive while under our care:



Breakfast

Lunch

Snack

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____

See INSTRUCTIONS on reverse.

CHILD CARE CENTER NAME _____

Print the name of the child(ren) enrolled in this child care center

1. _____ 2. _____ 3. _____

Complete SECTION A if anyone in your household

1. Participates in the Supplemental Nutrition Assistance Program (SNAP)
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR) OR
4. Is a foster child

SECTION A

SNAP Case # _____

TANF # _____

FDPIR # _____

Names of Foster Children

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true. I understand that the center will get Federal funds based on the information I give.

Signature _____

Date _____

FOR THE CHILDCARE CENTER TO COMPLETE

CACFP Agreement # _____

Total Number of Household Members _____
(INCLUDING FOSTER CHILDREN, IF APPLICABLE)

Total Household Income \$ _____

Free _____ Reduced _____ Paid _____

Date of Determination _____

Signature of Center Staff _____

Complete SECTION B if no one in your household participates in SNAP, receives TANF, participates in FDPIR or if none of the children enrolled in the child care center is a foster child.

SECTION B

List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received **last month** in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, child support, foster child's personal income and any other sources of income.

HOUSEHOLD MEMBER NAME	MONTHLY GROSS SALARY
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true and that all income is reported. I understand that the center will receive Federal funds based on the information I give.

Signature _____

Print Name _____

LAST FOUR (4) DIGITS OF SOCIAL SECURITY NUMBER

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 Date _____

This institution is an equal opportunity provider.

ENRICHMENT PROGRAMS

Please check all programs you'd like your child enrolled in.

DANCE

Cost: \$125

1 class weekly



GYMNASTICS

Cost: \$125

1 class weekly



SOCCER

Cost: \$125

1 class weekly



*** Every child is welcome to try each class once free of charge ***

Please note that music included twice a week for all children in our program