**STEPPING STONES CDC**

**CHILD REGISTRATION FORM**

**Door Code \_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child’s First Day of Enrollment | Child’s Last Date of Enrollment | | | |
| Child’s Name | | Date of Birth | | Gender |
| Complete Address | | Home Phone | | |
| Chronic Physical Problems / Pertinent Developmental Information / Special Accommodations Needed; N/A if none | | | | |
| Previous Child Day Care Programs and Schools Attended; N/A if none | | | | |
| If Child Attends this Center and Another School / Program, Give the name of School: | | | Grade: | |

**PARENT(S) / GUARDIAN(S)**

|  |  |  |  |
| --- | --- | --- | --- |
| Father | Place Employed | | Business Phone |
| Home Address, if different from Above | Home Phone, if different from above | | Cell Phone |
| Father’s Driver’s License- State and # | | Mother’s Driver's License- State and # | |
| Mother | Place Employed | | Business Phone |
| Home Address, if Different from Above | Home Phone, if different from above | | Cell Phone |
| Who Has Legal Custody of Child | | | |

**EMERGENCY INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency | | | |
| Child’s Physician | | Address | Phone |
| Two People to Contact if Parent(s) Can not Be Reached  1. | Complete Address  1. | | Phone  1. Home:  2.Work:  3.Cell: |
| 2. | 2. | | 1. Home:  2.Work:  3.Cell: |
| Other Person(s) Authorized to Pick Up Children | | | |
| Person(s) NOT Authorized To Pick Up Child\* | | | |

\*Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child. Note: Section 22.1-4.3 of the *Code of Virginia* states that unless a court order had been issued to the contrary, the noncustodial parent of the child enrolled in a daycare center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during day care activities.

**Authorizations and Agreements**

# Field Trip Authorization

I give my permission for my child to participate in the neighborhood walks or on field trips in an authorized vehicle. I understand that I will be informed of all planned field trips and that I may withdraw my permission for a planned trip if I so desire. I grant permission for my child to participate in the activities and in the use of the equipment in the center and on the playground.

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_

**Publicity Authorization**

In the event photographs are taken for publicity purposes, it is my desire that my child (may/ may not) be photographed. Photographs (may, may not) be taken for the express use of newsletters, classroom scrapbooks, company Website or promotional activities.

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_

**Medical Notification**

Stepping Stones agrees to notify the parent(s) / guardian(s) whenever the child becomes ill and the parent(s) / guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

## **Medical Disclosure**

I agree to inform the center within 24 hours or the next business day after my child or any member of our immediate family has developed any reportable communicable disease, except for life threatening diseases, which must be reported immediately.

### Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

**Emergency Medical Authorization**

I authorize the staff of Stepping Stones Child Development Center to obtain immediate medical care and/or treatment in an emergency. It is understood that all efforts to reach me in an emergency will be taken: however, if I cannot be reached, authorization is hereby given for necessary treatment by any physician or paramedic.

(In the event of a medical emergency, the child will be transported to the nearest available Hospital.)

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

**\*\*If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.**

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**OFFICE USE ONLY**

**IDENTITY VERIFICATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Birth Date | Place of Birth | | Birth Certificate Number |
| Other Form of Proof | | Date Issued | |

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proof of the child’s identity and age may include:

1. A certified copy of the child’s birth certificate
2. Birth and Registration Card
3. Notification of birth (hospital, physician or midwife record)
4. Passport
5. Copy of the placement agreement or other proof of the child’s identity

From a child placement agency

1. Record from a public school in Virginia
2. Certification by a principal or his designee of a public school in the United States that states that a certified copy of the child’s birth record was previously presented.

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Parental Contract

11006 Warwick Blvd. #420 Newport News, VA 23601 (757)595-9096

12946 Jefferson Ave., Newport News, VA 23608 (757) 369-2528

795 Pilot House Drive, Newport News, VA 23606 (757)706-3844

1. I desire to enroll my child(ren) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Date of Enrollment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I agree to pay the annual **Registration fee** in order to secure my child’s slot at the center. The yearly fee

is $100.00 per child. This fee is nonrefundable. This fee is charged at the time of enrollment and

annually there after during the month of August.

2. I agree to pay an **additional fee** if my school-age child is out of school for the day and attends the center

extra hours because public school is not open due to holiday, teacher workday, snow day, etc.

3. I agree to pre-pay tuition on a weekly basis. Tuition is due on Monday of each week and considered late

after Monday. **Late payment fees** of $20.00 will apply after Monday. I understand that if I

have not paid by Tuesday morning, my child will not be accepted for care. Tuition is due whether or not

my child attends for the week. I also understand that if my account has to be turned in for collections, I

am responsible for paying all additional costs, including interest, court costs, attorney’s fees, and any other

collection fees deemed necessary.

4. I agree to pay a **Late Pickup Fee**  of $1 per minute for each child that is left in our care after 12:00 am

(closing time). This amount is due upon picking up the child. And must be paid no later than Friday the

same week.

5. I agree to pay a **Returned Check Fee** of $55.00 for any returned checks written to the school on my

account. The school may then have the option to refuse any further check.

6. The school will be closed for **most federal holidays** throughout the year. My regular tuition will still be

due on time for these days. (See parent handbook for all holiday closings). I understand that there will

be no refunds or adjustments made for absences or emergency days (ie. Snow days, or inclement

weather). I will be responsible for paying for all days that my child Is enrolled for, regardless of

circumstance.

7. Vacation Week: I understand that I may take up to 2 vacation weeks per year at a discount of 50% off.

I understand that I must give notice ahead of time, in order to receive this discount. I understand that

there are two weeks per family, not per child. Vac. Weeks given run from Jan. till Dec. If you enroll in

last part of the year, you may only have one week for the year.

8. Tuition Fee each week (no more than10 ½ hours per day)……………………..$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration Fee …………………..…(Upon Enrollment & Yearly) ……………$\_\_\_100.00\_\_\_\_\_\_\_\_\_

Amount due for vacation week…………………………………………………….$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parental Contract, continued

9. I understand that I am required to give Stepping Stones Child Development Center a written

two week notice to withdraw my child from the center. If notice is not given, I understand that I am still

required to pay the two week’s tuition. If tuition is not paid, I understand that I am responsible for paying

all additional costs, including, interest, court costs, attorney’s fees, and any other collection fees deemed

necessary in collection of this amount.

10. I agree to keep current medical forms and emergency contact information for my child’s records.

11. I have read the Stepping Stones CDC policies and procedures and fully understand the school policies.

After reading the centers sickness policy, I agree to not bring my child to school if he/she has shown

symptoms listed in the handbook , which WOULD prevent them from attending for that day.

12. I understand that Stepping Stones CDC uses the ABEKA curriculum in most of its classrooms. This is a

nondenominational Christian based program that focuses on character education, phonics, morals and

values. We do say a blessing before eating our snacks and lunch. And, we incorporate bible songs,

bible stories and the pledge of allegiance in the morning circle times.

13. I agree to adhere to current policies set forth in the Parent Handbook and established by Stepping

Stones Child Development Center.

14. DSS Clients: I understand that DSS will only pay for the hours that I am working. If I bring my child to

the center at times other than my work hours, DSS will be notified and I could possibly loose my

funding.

15. I understand that my weekly tuition is based on no more than 10 ½ hours per day. If my child attends

more than 10 ½ hours on a particular day, there will be an additional charge.

Times each day that my child will be in attendance: \_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_. I agree to let

the center know ahead of time if these hours change.

For DSS Clients: Work Hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Children must only attend care while a parent is as work. They may not attend at any other time.

Director’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Emergency Contact Information

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Mom | Home # | Work # | Cell # |
|  |  |  |  |
| Dad |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Emergency Contacts / Authorized to Pick Up Child |  |  |  |
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