



# Stepping Stones Academy

1108 Bear Creek Blvd, Hampton GA 30228

Ph: 770-707-3955

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ENROLLMENT AT STEPPING STONES ACADEMY IS DONE ON A TRIAL BASIS, DEPENDENT UPON BEHAVIOR AND THE CHILD'S ABILITY TO TRANSITION INTO THE PROGRAM. IF WE FEEL THAT THE CHILD(REN) ARE NOT BENEFITING FROM OUR PROGRAM, WE RESERVE THE RIGHT TO DISENROLL THE CHILD(REN) BASED ON OUR FINDINGS. BY SIGNING THIS DOCUMENT YOU AGREE TO THESE TERMS AND CONDITIONS.

Entrance Date \_\_\_\_\_

Withdrawal Date \_\_\_\_\_

## Children's Information:

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Home Address (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's DOB \_\_\_\_\_

Home/Cell Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Mother's Address (if different from child's) Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's DOB \_\_\_\_\_

Home/cell Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Father's Address (if different from child's) Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Last 4 digits of Mother's Social Security # \_\_\_\_\_

Last 4 digits of Father's Social Security # \_\_\_\_\_

Child's Living Arrangements: (circle one) Mother Father Both Other

Child's Legal Guardian(s): (circle one) Mother Father Both Other

**The child may be released to the person(s) signing this agreement or to the following:**

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Relationship to Parent(s) or Guardian \_\_\_\_\_

Other identifying information (if any) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Relationship to Parent(s) or Guardian \_\_\_\_\_

Other identifying information (if any) \_\_\_\_\_

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Public or Private School child attends, if any: \_\_\_\_\_

Doctor/clinic Phone# \_\_\_\_\_

My child has the following special needs \_\_\_\_\_

\_\_\_\_\_

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center: \_\_\_\_\_

\_\_\_\_\_

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following preexisting illness, allergies, or health conditions:

\_\_\_\_\_

\_\_\_\_\_

## ***EMERGENCY MEDICAL AUTHORIZATION***

Should (child's name) \_\_\_\_\_ DOB \_\_\_\_\_

Suffer an injury or illness while in the care of **Stepping Stones Academy** and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

**Parent/Guardian Signature:** \_\_\_\_\_

**Director/ Administrator Signature:** \_\_\_\_\_

## ***Parental Agreement with Child Care Facility***

**Stepping Stones Academy** agrees to provide child care for \_\_\_\_\_ on Monday thru Friday Child Name 6:30 to 6pm from **January to December**.

My child will participate in the following meal plan (circle all applicable meals & snacks)

Breakfast

Lunch

Afternoon snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; dosage; date & time of day medication is to be given. Medication will be in the original container with my child's name printed on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility staff.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

The admin staff agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the center, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize **Stepping Stones Academy** to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for **Stepping Stones Academy**.

**I understand that Stepping Stones Academy will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.**

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

Parent/ Guardian

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

Admin staff

## **Parents or Guardian's**

### **Notice of No Liability Insurance and Acknowledgement**

I understand that I am being informed in writing by signing this acknowledgement that this facility, Stepping Stones Academy, does not carry liability insurance sufficient to protect my children in the event of an injury, etc.

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Parent/Guardian Signatures

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Date

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Director's Signature

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Date

***Acceptable payment methods are as follows:***

**Cash App**

**\$ssahampton1108**

(add \$5 for up to \$350, add \$8 for more than \$350)

**Check**

**Money Order**

**ProCare App**

## Vehicle Emergency Medical Information

Child Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Father's Name \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Work \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home/Cell \_\_\_\_\_ Work \_\_\_\_\_

Person to notify in an emergency and parents cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Medical facility the center uses **Piedmont Fayette Hospital**

Address: 1255 Ga-54west, Fayetteville, Ga 30214

Child's Allergies \_\_\_\_\_

Current prescribed medication \_\_\_\_\_

Child's special needs and conditions \_\_\_\_\_

In the event of an emergency involving my child, and if ***Stepping Stones Academy*** cannot get in with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

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

Signature (Parent/Guardian) \_\_\_\_\_

Witness by \_\_\_\_\_ Date \_\_\_\_\_

# **Holiday & Vacation Schedule Center Closing**

**Hours of Operation 6:30am-6:00pm**

**Monday thru Friday**

**Ages of Children served: 6 weeks – 12 years old**

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**New Year's Eve: CLOSED**

**New Year's Day: CLOSED**

**MLKD: CLOSED**

**Memorial Day: CLOSED**

**Independence Day & Day Following: CLOSED**

**Labor Day: CLOSED**

**Thanksgiving Day: CLOSED**

**Friday after Thanksgiving: CLOSED**

**Christmas Eve: Half Day (possibly closed)**

**Christmas: 25<sup>th</sup> and 26<sup>th</sup> CLOSED**

**Good Friday: CLOSED**

**President's Day: CLOSED**

**Spring Break: Closed**



## **PHOTOGRAPH/VIDEOTAPE RELEASE**

I hereby grant permission for Stepping Stones Academy to record the participation and appearance of my child,

\_\_\_\_\_, by photograph, livestream and/or videotape in connection with daily classroom activities. Such photos and/or videos may appear on Class Dojo or our Facebook page.

The undersigned hereby jointly and severally releases, acquits, forgives, and discharges the provider from any actions, agreements, claims or controversies, demands, judgments, liabilities, proceedings, and suits, whether arising in equity or in law regarding such participation and appearance by said child.

This shall remain binding upon all successors in interest and personal representatives of the parties, to the extent permitted by law.

Provider Name/Address: Stepping Stones Academy -1108 Bear Creek Blvd, Hampton GA 30228

Signature (Parent/Guardian): \_\_\_\_\_

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





Here at Stepping Stones Academy, we use an app called ProCare. This allows parents and teachers to connect much easier than ever before. You can see what your child had for breakfast, what activities they are doing, if they need anything for class, pay your bill, check your account and so much more.

We ask that each parent download this app. This is also how we have you, the parent, check your children in and out for the day.

*I HAVE READ AND FULLY UNDERSTAND THE ENROLMENT FORMS AND  
POLICIES OF STEPPING STONES ACADEMY*

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*Parent Signature*

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*Date*

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*Admin Staff Signature*

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*Date*