



Stepping Stones Preschool & Daycare Enrollment

265 W Springbrook Rd.

Broadway, Va 22815

540-251-4433

steppingstonespd.office@gmail.com

Child's Information

Child's Name: _____ Date of Birth: _____

Child's Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Sex: M F Date of Enrollment: _____ Start Date: _____

Name of School/Center Child Previously Attended: _____

May we contact them? _____

Preschool Enrollment: Please V all that applies

Age: _____

2-year-old class: Full time \$815/ month _____

3-year-old class/Pre K4 class

Full Time: \$715/ _____ .month _____

Drop off Time: 7:00AM 7:30AM Pick up time: Before 3:30

All Students:

Enrollment Fee: \$50.00/child

Total: _____ Check # _____ Cash _____ Referred by _____

Parent/Guardian Information

Mother: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Place of Employment: _____ Hours/Shift _____

Business Phone #: _____

Home Phone #: _____ Cell Phone #: _____

Father: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Place of Employment: _____ Hours/Shift _____

Business Phone #: _____

Home Phone #: _____ Cell Phone #: _____

People or Agency that has legal custody of Child: _____

Phone #: _____

***Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.**

Emergency Contact: _____

Address: _____

Phone #: _____

Business: _____

Phone #: _____

Relationship to the child: _____

Emergency Information:

Allergies or interactions to food, medication or other special needs:

Child's Physician: _____ Phone #: _____

Agreements

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

I give permission to the Stepping Stones Staff to take my child to a physician in the event of an emergency when I cannot be reached.

*If there is an objection to seeking emergency care, a statement should be obtained from the parents or guardian that states their objection and the reason for their objection.

I understand that I must pay a **\$50.00** non-fundable registration fee at the time of registration.

I agree with Stepping Stones' rules and regulations as described in the policy guidelines.

I agree to inform the center within **24 hours** or the next business day after my child or any member of my immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

Please provide these important documents for Stepping Stones to keep on file:

- Copy of Immunization Record: _____
- Copy of Birth Certificate: _____
- Health Form: _____
- Permission to Photograph your child: _____
- Parent Handbook signature page stating that you have read and will abide by SSPD policies.
* **You will receive this at the beginning of the year that your child is enrolled.** *

Signatures:

_____ Date: _____
Parent/Guardian

_____ Date: _____
Director