

Stepping Stones Childcare Enrollment

Statement of services

- 1) Childcare services: newborn to 12 years old
- 2) Hours of Operation: Open 5am to 7pm, Monday thru Friday, closed all major federal holidays.
- 3) Location: 863 Airpark Dr. Bullhead City, AZ 86426, Phone 928-754-2221, Fax 928-754-2231, email stepping_stones_childcare@hotmail.com
 - a. Enrollment
 - a. Stepping Stones has the right to refuse service to anyone at anytime
 - b. Stepping Stones Childcare accepts all children with both physical and mental special needs.
 - c. Complete registration packet:
 - 1 AZDHS- Emergency, Information, and Immunization Record Card
 - 2 Best of Care
 - 3 Statement of Services
 - 4 Stepping Stones Enrollment Contract
 - 5 CACFP Program Form
 - d. Immunizations record must be current.
 - e. Please keep all of your contact information up to date, notify the office if there is a change in address, phone number or authorized pick up , Must be in writing.
 - f. Prior to the first scheduled week all payments are due in advance. (We will no longer allow balances to be in the positive.)
 - 1 Payment Options:
 - a Payment on Engagement App
 - b Payment on Procure Sign in Kiosk
 - c Card can be kept on file and ran weekly.
 - 2 If payment is not received for the prior week; your child's account will be inactive.
 - g. Payment is due for the week regardless of attendance includes-vacations, sick, suspended or any other reason as to why they missed.
 - b. Un-enrollment
 - a. Stepping Stones Childcare has the right to refuse service to anyone at any time.
 - b. Children may be suspended and/or un-enrolled from the program if their behavior is abusive or detrimental to staff or other children attending the center.
 - c. Stepping Stones Childcare has the right to suspend, un-enrolled or refuse services to parents/guardians of a child that do not abide by the parent/child agreement or become abusive or detrimental to the overall well-being of the center. This includes foul language and yelling used towards a staff member or in front of children in our care.
 - d. If your child has been absent for over 14 days he/she will be withdrawn and any money left on the account will be forfeited. We will not hold or refund the money.

Rates:

- a. Scheduling
 - 1 Full-time ONLY Monday-Friday: Times may vary with no check-ins during nap times: 11:00 am-3pm.
 - a Infant: \$250 weekly

Guardian Legal Signature: _____ Date: _____ Staff Initials _____

Stepping Stones Childcare Enrollment

- b Ones to 5: \$200 weekly
- c School-Age: \$175 weekly
 - i Friday ONLY-\$40
- d Late pick up fee: \$1 per minute after 7pm
- e Center used diapers \$5 per diaper
- f Missing weekly legal signature on sign in sheet \$5 per signature
- g After 12 hours \$5 per 15 minutes
- h Cameras \$7 per week per family

6) Child admission and release requirements

- a. After your child is enrolled you will be:
 - a. Given a code for front entry door
 - b. Entered into the computer to gain access to our computer Check in station
 - c. Given a computer printed sign in sheet that will be filed by last name that you must sign once weekly if not signed you will be charged \$5 per child
- b. Your child must be clocked into our computer check in station via Personal code every time,
 - a. You must escort your child to the classroom and to the staff member in the room before leaving the center.
 - b. It is your responsibility to communicate with the staff about your child
 - c. Your child will have a file/cubby that you must check daily, we send home important information like
 - 1. Artwork
 - 2. Newsletter
 - 3. Letters to parents
 - 4. Monthly schedules
 - 5. And much more
- c. Your child will not be released to anyone except to the parents or the names listed on the authorized pick up list.
 - a. Your child will not be released on the basis of a phone call or note sent with a child.
 - b. You must have a copy of your ID with any addition to the authorized pick up list
 - c. All changes must be done in person at the office .

7) Discipline

- a. Redirection
- b. Quiet time
- c. Write up-3 in one day-sent home rest of the day, next day: not allowed to come rest of the week. Parents have 30 mins. from the time called to pick up their child. After 30 mins. \$1 will be charged per minute.
- d. Parent conference and review of best of care form & written discipline policy
- e. Action plan to resolve issue/Behavior Contract.
 - 1 14-day contract fulfillment.

Guardian Legal Signature: _____ Date: _____ Staff Initials _____

Stepping Stones Childcare Enrollment

2 If behavior is no longer apparent; Your child will be off the behavior contract.

3 If behavior continues; Written notice of Un-enrollment will be given.

f. Written notice of un-enrollment

8) Transportation

a. Stepping Stones Childcare offers Transportation to local schools before or after school with signed transportation slip

b. Transportation to and from schools: Mohave Accelerated Learning Center-East Campus, Sunrise Elementary, Diamondback

a. Must fill out transportation slip.

b. Your child must be here by 7:25 am.

c. We do not pick up from school/pre-school programs.

9) Field trips

a. Stepping Stones Childcare plan many field trips for all children that are potty trained; some include parks, movies, splash pad, museums, etc.

b. All trips will be on the monthly calendar and you will be notified to fill out a permission slip and provide a car seat for your child

c. Parents may attend the trip with the use of a personal vehicle.

d. The enrolled child must ride the van to and from the trip; the child may not leave with the parent.

10) Participation of Parents /guardians:

a. We encourage all parents to visit and attend all classroom functions at any time.

b. You must only be in contact with YOUR enrolled child

c. You must never be alone with any children

a. Program types

<u>Class</u>	<u>Age Group/Diaper/Potty Trained</u>
Tiny Tadpoles	2 week-15 months (non-walking)
Bumblebees	1 yr/15 months, walking, diapers/potty training
Fireflies	2 yr (2 yr olds that turn 3 after Sept.), diapered/potty training/-ed
Frogs	2/3 yrs (2yr olds that turn 3 before Sept.), diapered/potty trained
Butterflies	3 / 4 yrs (3 yr. olds that turn 4 before Sept.), potty trained
Dragonflies	4/5 yrs. (4 yr olds that turn 5 before Sept.), potty trained
Turtles	School aged-6-12 yr. olds

11) Liability insurance:

a. Arizona State Department has a minimum of \$500,000.00 for general liability we meet and exceed that requirement

b. Our policy is available for review at any time.

12) Medication:

Guardian Legal Signature: _____ Date: _____ Staff Initials _____

Stepping Stones Childcare Enrollment

- a. Stepping Stones Childcare may not administer “over-the-counter” medications
- b. Stepping Stones Childcare may administer Prescription medication only if:
 - a. It is a current prescription
 - b. It is in original prescription bottle
 - c. Parent has filled out a current medication form
 - 1. A new medication form must be filled out and updated once a month

13) Accidents, Emergency, and Illnesses: Stepping stones childcare is not financially responsible for any medical bills due to an accident/injury.

- a. Minor accident/injury
 - a. An accident report will be filled out and reported to the office staff
 - b. Injury will be cleaned, iced and taken care of in ways we see fit
 - c. Parent will be notified as soon as possible
- b. Major accident/injury
 - a. Parent will be called immediately
 - b. Parents will have 30 mins. From the time called to pick-up their child. After 30 mins. there will be a \$1 charge per minute: after the 30 min. mark.
 - c. Injury will be cleaned, iced and taken care of in ways we see fit
 - d. Accident reports will be filled out and reported to office staff
 - e. Emergency personal will be notified if needed
- c. Emergencies
 - a. Emergency personal will be notified
 - b. Parents will be notified
- d. Illnesses
 - a. If your child has any of the following symptoms, they cannot return for 24 hours without a doctor’s note/release form.
 - 1. Vomiting
 - 2. Diarrhea
 - 3. Fever 99 and above
 - 4. Pinkeye
 - 5. Strep/Hand, foot and mouth/-More days with clearance to come back from certified medical doctor
 - b. When called to pick up your child for illness, you must arrive within 30 minutes of phone call or let the office know if you have made other arrangements.

14) Inspection reports:

- a. All city, county, state and federal inspection reports are available on site at any time

15) State Licensing

- a. Stepping Stones Childcare is regulated by Arizona Department of Health Services a.

Address:

- 1. 1500 East Cedar Avenue, Suite 22

Guardian Legal Signature: _____ Date: _____ Staff Initials _____

Stepping Stones Childcare Enrollment

Flagstaff, Arizona 86004

b. Phone number:

1. 1-602-689-2311

c. Contact

1. Shawna Gonzales

16) Pest Control Management

a. Step lobby for MSDS on pest control

Guardian Legal Signature: _____ Date: _____ Staff Initials _____

Stepping Stones Childcare Enrollment

Child Information

Enroll Date: _____ Withdrawn Date: _____

Name: _____ Nickname: _____

Date of Birth: _____ Age: _____ Sex: _____

Primary Language: _____ Parents Primary Language: _____

Childs Home Address: _____

Phone Number: _____ Primary Residence: ☐ Mother ☐ Father ☐ Both ☐
Guardian

School Aged information:

Elementary School Name: _____ Grade in school: _____

School Address: _____ School Phone Number: _____

School Start time: _____ School End Time: _____

Primary Release Persons and Emergency contact:

Mother/Guardian: _____ Cell Phone _____

Address: _____

Email: _____ Last 4 SS #: _____

Employer: _____ Phone Number: _____

Department: _____ Extension: _____ Supervisor Name: _____

Father/Guardian: _____ Cell Phone _____

Address: _____

Email: _____ Last 4 SS #: _____

Employer: _____ Phone Number: _____

Department: _____ Extension: _____ Supervisor Name: _____

If you need to add a person to the authorized pick up list or for a one time pick up, this can be done at any time in the office. Your request must be in writing and signed by you. Your child will not be released without prior authorization. All authorized pick up persons must present a valid identification card on their first visit. They will then be entered into the clock in computer system.

Medical Information

Last doctor visit: _____ Height: _____ Weight: _____ Hair color: _____ Eye Color: _____

Birth marks: _____

List of current long term medications: _____

Special dietary Needs: _____

Any other special instructions concerning illnesses or disabilities: _____

Allergies:

Medication: _____

Food: _____

Guardian Legal Signature: _____ Date: _____ Staff Initials _____

Stepping Stones Childcare Enrollment

Other: _____

Are there any life threatening allergies? ☐ Yes ☐ No if yes provide any instructions: _____

I give permission for Stepping Stones Childcare to administer any of the following medications if deemed necessary by a staff member: Circle all that apply

Petroleum jelly Neosporin Destin Coppertone Sunscreen Antiseptic sprays/ wipes

Medical Treatment of a minor Authorization

In the event of a medical issue that requires a physician's care who would you like us to contact?

Physician's Name: _____ Phone number: _____

Address: _____

I _____ do hereby state that I am the legal Guardian/parent of _____, a minor child, born on _____. I _____ authorize, for emergency purposes only, a Staff member of Stepping Stones childcare to transport the above minor by ambulance and give my consent to any necessary examination, anesthetic or medical treatment to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in Arizona. I hereby release Stepping Stones Childcare from any and all financial or other responsibilities due to any accident or injury with my child. I understand all costs will be paid by myself.

Signature

Print name

Date

Health Insurance Information

Provider name: _____ Policy #: _____ Group #: _____

Phone number: _____

Guardian Legal Signature: _____ Date: _____ Staff Initials _____

Stepping Stones Childcare Enrollment

ENROLLMENT CONTRACT

Name of enrolled child: _____ Date of Birth: _____

Parent/Guardian Legal Name: _____

Policies and Procedures

____ I understand that my child may not attend Stepping Stones Childcare until all paperwork has been completed and tuition has been paid; enrollment packet, contract, CACFP enrollment, Camera agreement, current shot records.

____ I understand that my child's weekly computer printed sign in sheet must be signed once a week with my Legal signature every time he or she attends or leaves the center or I will be charged \$5 per missing signature.

____ I understand that my child must be signed in and signed out on the personal code clock in system every time he or she attends or leaves the center.

____ I understand my child is not permitted to clock in/out or sign in/out and I that I must escort my child to the classroom and release him/her to the staff member in the room.

____ I understand that my child may not bring toys/items from home and that Stepping Stones Childcare is not responsible for lost or broken toys/items.

____ I understand that my child will not be released to any persons not on the authorized pick up list.

____ I understand that in case of an illness during attendance at Stepping Stones Childcare I agree to promptly make arrangements to have my child picked up by an authorized pick up person within 30 minutes of the call. I also agree that if my child contracts or is exposed to a contagious disease I will notify the center and follow doctors' orders on when my child may be readmitted into the center.

____ I understand that stepping stones childcare is not financially responsible for any accidents or illnesses to my child while at the center

____ I understand that my child must be dropped off by 11:00 am.

____ I understand that there are cameras in every classroom that enrolled parents as well as myself may view at any time. I also understand that Stepping Stones Childcare keeps 30 days of logs that can be reviewed by appointment only.

____ Media Photography: ☐ Yes my child may have a photo or video for media purposes
☐ No my child may **not** have a photo or video for media purposes

____ Center Photography: ☐ Yes my child may have a photo or video for Center purposes
☐ No my child may **not** have a photo or video for Center purposes

____ I understand that at any time all State enforcement and local departments may review my Childs file, interview my child or staff, and review the centers files to ensure the health and safety of all children attending the center without prior notice or consent.

____ I understand that Stepping Stones Childcare accepts DES and Las Vegas Urban Legend

____ I understand that Stepping Stones Childcare participates in Arizona CACFP and all meals are included in the tuition price .

____ I understand that if I am unable to clock in my child that I seek help from the office staff. I also understand that coming into the building without clocking my child in is against the rules and is up to the Stepping Stones management's discretion to pursue further actions.

____ I understand that I must be respectful to all Stepping Stones Childcare staff and will not belittle, use foul language, engage in any physical altercations while on the premises or in front of children. If this does occur I understand that my child may be disenrolled at anytime and all monies are forfeited.

____ I understand that if I have any concerns, I will speak with the office staff to address them in a timely manner.

Guardian Legal Signature: _____ Date: _____ Staff Initials _____

Stepping Stones Childcare Enrollment

Tuition & Fees

☐ I understand there is a \$20 annual registration fee per child due July 1st

☐ I understand that weekly chargers are Infants-\$250, 1-5 yr. old- \$200. School-Age-\$175 (Fridays ONLY-\$40)

Please indicate below:

☐ Infant-\$250 wkly ☐ 1-5 yrs old- \$200 wkly ☐ School age- \$175 wkly ☐ School Age Friday ONLY-\$40

☐ I understand I must pay for the week regardless if my child attends.

☐ I understand that all tuition for the week is due in advance on the first day of the week attending.

☐ I understand that I must pick my child prior to closing or 12 hour time or I will be charged \$1 per minute until my child has left the center.

☐ I understand that if my child has been absent for over 14 days he/she will be withdrawn and any money left on the account will be forfeited. **Stepping Stones will not hold or refund any money.**

☐ I understand that I can make payments in advance by having a card on file (ran weekly), payment on the Procure Engagement App (payment schedule set up) or in-person weekly (cash, check, CC accepted).

☐ I understand that my account must be paid prior to having my child attending for the week the Center will not hold or guarantee your Childs spot in class when he/she is withdrawn for non-payment. All unpaid tuition may be sent to a third party collection agency after 30 days of nonpayment.

☐ I understand I must provide diapers and wipes. If I run out of diapers or wipes I will be charged \$5 per diaper used that is nonrefundable.

☐ I understand I have agreed to have access to the classroom camera at a rate of \$7 per week per family that must be paid on the first day of attendance of the week

☐ I have **denied** access to the camera system and will not be charged

☐ I understand I will pay Stepping Stones Childcare \$45 for any returned checks for any reason. I understand that the check returned for non-sufficient funds will be processed up to three times. After one check is returned for any reason I agree I must pay with an alternate payment method for the remainder of my Childs enrollment.

☐ I understand Stepping Stones Childcare has a **NO REFUND policy**

☐ I understand all money is due **BEFORE** my child attends the center.

Holidays and closures

☐ I understand that Stepping Stones Childcare will be closed on all federal holidays other observed Holidays where families are given written notice.

☐ I understand hours of operations are 5am to 7pm Monday thru Friday.

☐ I understand that Stepping Stones Childcare can close at any time with 10 days' notice for in house staff training days.

☐ I understand that in case of a weather emergency, natural disaster or major building issue; if my child is attending the center he/she will be picked up immediately and I will be notified when the center will reopen.

Closure

☐ I understand all fees and agree to pay them as stated

☐ I understand that I will not be charged for days that Stepping Stones Closes.

☐ I understand Stepping Stones Childcare may withdraw my child for any reason with a written notice.

☐ I understand that the above policies are not an all-inclusive list of policies. I understand that my child, myself, all authorized pick up persons, the staff of Stepping Stones Childcare and the State employees are bound by Arizona Department of Health Services, the family handbook and all other policies which may be modified at any time without notice.

Guardian Legal Signature: _____ Date: _____ Staff Initials _____

Stepping Stones Childcare Enrollment

I agree that I have reviewed and understand these policies and I will comply with them as stated.

Guardian/Parent Signature: _____ Date: _____

Printed name: _____ Phone Number: _____

This Institution is an equal opportunity Provider.

Date enrollment was submitted to Office _____ Who submitted _____

I have verified that the enrollment packet is complete and the child may start on _____

Enrolling Staff Signature: _____ Date: _____

Guardian Legal Signature: _____ Date: _____ Staff Initials _____