

Stepping Stones Childcare Enrollment

Statement of services

- 1) Childcare services: newborn to 12 years old
- 2) Hours of Operation: Open 5am to 8pm, Monday thru Friday, closed Christmas Eve & Christmas day, Thanksgiving Day, the day after Thanksgiving and a few other days a year with appropriate notice.
- 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, Policies and Procedures, tuition contract, daily procedures contract, days of closing absence days and holidays, state licensing and our policies, Medical information, transportation, medication and emergency contact.
 - d. Immunizations must be current and records provided
 - 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
 - f. Prior to the first scheduled day, payment is required in full.
 - g. Payment is due for scheduled days regardless of attendance
 - 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 - d. If your child has been absent for over 14 days he/she will be withdrawn and any money left on the account will be forfeited.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.
- 5) Rates:
 - i There are two options for scheduling:
 - 1 Full-time Monday-Friday: Times may vary with no check-ins during nap times: 12pm-3pm.
 - 2 Part-time: Any 3 days of the week (days must be consecutive; thus, there are no changes; once designated days are scheduled) Times may vary with no check-in during nap time: 12 pm -3pm.
 - ii Schedules need to be turned in no later than 5pm on the prior Friday, for the upcoming week.
 - iii If an extra day needs to be added (email 24 hrs. prior to stepping_stones_daycare@hotmail.com) there will be a drop-in fee added to your account.
 - a. Infants and/or children not walking
 - a. Annual registration fee \$20 per child per year (July 1st)
 - b. Full-time: \$225 up to 12 hrs.
 - c. Part-time: #135 up to 12 hrs.
 - d. Drop ins/call ins \$50 per day per child up to twelve(12) hours
 - e. Late pick up fee: \$1 per minute after 8pm
 - f. After 12 hours \$5 per 15 minutes

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- g. Center used diapers \$5 per diaper
 - h. Cameras \$5 per week per family
 - i. Missing weekly legal signature on sign in sheet \$5 per signature
 - j. **Stepping Stones Childcare has a NO REFUND policy**
 - k. No Show for scheduled day \$45.00
 - l. All days must be paid for in advance regardless of circumstances (ie. Sickness, sent home, suspension, etc.)
- b. Children 1 year to Pre-K (4/5 years not in public/private school)
- a. Annual registration fee \$20 per child per year (July 1)
 - b. Full-time: \$175 up to 12 hrs.
 - c. Part-time: \$105 up to 12 hrs.
 - d. Drop ins \$50 per day per child up to twelve (12) hours
 - e. Late pick up fee: \$1 per minute after 8pm
 - f. After 12 hours \$5 per every 15 minutes
 - g. Center diapers used \$5 per diaper
 - h. Cameras \$5 per week per family
 - i. Missing weekly legal signature on sign in sheet \$5 per signature
 - j. **Stepping Stones Childcare has a NO REFUND policy**
 - k. No Show for scheduled day \$35
 - l. All scheduled days must be paid in advance regardless of circumstances (ie. Sickness, sent home, suspension, etc).
- 2 Children 5 year-12 year (in public/private schools)
- m. Annual registration fee \$20 per child per year (July 1)
 - n. Full-time: \$150 up to 12 hrs.
 - o. Part-time: \$90 up to 12 hrs.
 - p. Drop ins \$50 per day per child up to twelve (12) hours
 - q. Late pick up fee: \$1 per minute after 8pm
 - r. After 12 hours \$5 per every 15 minutes
 - s. Center diapers used \$5 per diaper
 - t. Cameras \$5 per week per family
 - u. Missing weekly legal signature on sign in sheet \$5 per signature
 - v. **Stepping Stones Childcare has a NO REFUND policy**
 - w. No Show for scheduled day \$35
 - x. All scheduled days must be paid in advance regardless of circumstances (ie. Sickness, sent home, suspension, etc).

6) Child admission and release requirements

- a. After your child is enrolled you will be:
 - a. Given a code for front entry door

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- 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
 - d. Your child is prohibited from bringing personal toys or items from home; Stepping Stones Childcare is not responsible for lost or broken items.
 - e. You must provide a change of clothes in case of an accident or you will be asked to bring one immediately.

7) Discipline

- a. Redirection
- b. Quite time
- c. Write up- 3in one day-sent home rest of the day, next day: not allowed to come rest of the week.
- 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.
 - 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, Fox Creek Jr. High.
 - 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 during center nap time.

9) Field trips

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- 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

11) Activities and programs:

a. Program types

a. Tiny Tadpoles -Infants

1. Newborn to 12 months of age or up to 18 months of age if not walking

Busy Bumble Bees

1. 1 year old

c. Fireflies

1. 2 years old

d. Fantastic Frogs

1. 3 years old
2. Preschool
3. Any child not potty trained

e. Butterflies

1. 4 years old and 5 years old
2. Prekindergarten
3. Potty trained

f. Terrific Turtles

1. All children 5 years and up attending public/private school
2. Up to 12 years old

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:

- 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

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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. Injury will be cleaned, iced and taken care of in ways we see fit
 - c. Accident reports will be filled out and reported to office staff
 - d. 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 of 99 degrees or higher
 - 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
Flagstaff, Arizona 86004

b. Phone number:

1. 1-602-689-2311

c. Contact

1. Shawna Gonzales

16) Pest control

- a. Stepping Stones Childcare has Baron Pest control spray the center twice a month on the 1st Monday and 3rd Thursday of every month at 5am.
- b. Please see front lobby for MSDS on pest control

17) Open door policy

- a. Stepping Stones Childcare has an open door policy for all enrolled families

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- b. You may come to the center at anytime
- c. You may be in all areas your child has access to

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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: _____
Other: _____

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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 _____

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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 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, Las Vegas Urban Legend & California subsidy

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

Tuition & Fees

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

____ I understand that I must provide a schedule for my child on either a permanent basis or by 5pm the prior Friday; before scheduled week.

____ I understand I must pay for all the scheduled days 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 up by the scheduled pick up time or I will be charged \$1 per minute until my child has left the center.

Guardian Legal Signature: _____ Date: _____ Staff Initials _____

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___ 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 if my account is delinquent for more than one week my child will be withdrawn from the program until the past due tuition is paid. 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 30days 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 \$5 per week 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 Thanksgiving day, the day after thanksgiving, Christmas Eve and Christmas Day. All other observed Holidays where families are given written notice.

___ I understand hours of operations are 5am to 8pm 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 my child must attend a minimum of 3 days during the week to guarantee my child's spot in class.

___ 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.

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.

Guardian Legal Signature: _____ Date: _____ Staff Initials _____

Stepping Stones Childcare Enrollment

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 _____