



"In Step With Academic Excellence"

# Stepping Stones of Knowledge Academy Student Enrollment Application

## CHILD INFORMATION

Child's Name \_\_\_\_\_  
Last Name First Name Initial

Child's Address \_\_\_\_\_

City

State

Zip

Phone #

Date of Birth \_\_\_\_\_

Sex:  M  F

Check the Days Your Child Will Attend:  Monday  Tuesday  Wednesday  Thursday  Friday

Arrival Time \_\_\_\_\_

Departure Time \_\_\_\_\_

Check Meals Your Child Will Eat:  None  Breakfast  AM Snack  Lunch  PM Snack  Dinner

Child Lives With:  Both Parents  Mom  Dad  Guardian

## PRIMARY PARENT/GUARDIAN

Custody Documents on File:  Yes  No

Parent/Guardian Name \_\_\_\_\_  
(Last Name) (First Name) (Initial)

Relationship to Child \_\_\_\_\_ Driver's License # \_\_\_\_\_

Address (If different from child) \_\_\_\_\_

City

State

Zip

E-mail Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

## SECONDARY PARENT/GUARDIAN

Parent/Guardian Name \_\_\_\_\_  
(Last Name) (First Name) (Initial)

Relationship to Child \_\_\_\_\_ Driver's License # \_\_\_\_\_

Address (If different from child) \_\_\_\_\_

City

State

Zip

E-mail Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

**EMERGENCY CONTACT AND PICK UP LIST**

I hereby authorize the childcare operation to allow my child to leave the facility **ONLY** with the following people:

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

Emergency Contact  Yes  No

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

Emergency Contact  Yes  No

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

Emergency Contact  Yes  No

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

Emergency Contact  Yes  No

**STEPPING STONES OF KNOWLEDGE ACADEMY'S PERMISSIONS (check all that apply)**➤ **Transportation:**

I hereby  give  do not give consent for my child to be transported and supervised by the operation's employees:

for emergency care  on field trips  to and from home  to and from school

**SCHOOL AGE CHILDREN**

My child attends the following school:

\_\_\_\_\_ Name of School \_\_\_\_\_ School Phone Number \_\_\_\_\_

Authorized pick up/drop off locations other than the daycare center or child's address: \_\_\_\_\_

➤ **Field Trips:**

I hereby  give  do not give my consent for my child to participate in field trips.

➤ **Water Activities:**

I hereby  give  do not give my consent for my child to participate in water activities:

sprinkler play  splashing/wading pools  swimming pools/aquatic playgrounds  water table play

➤ **Marketing:**

I hereby  give  do not give my consent for my child's pictures to be used for the SSOK's website, newsletter and other marketing items.

My child has permission to:  be released to the care of his/her sibling(s) under 18 years old

Name of sibling(s): \_\_\_\_\_

**PARENT/GUARDIAN ACKNOWLEDGEMENTS**

The Academy will be open from 6 AM to 6 PM Monday through Friday unless otherwise expressed in writing.

- I agree that I am enrolling my child at a weekly tuition cost of \$\_\_\_\_\_ and full tuition is required weekly regardless of holidays.
- I agree to pay each week's tuition by the close of Monday. I understand that after Monday, my child's tuition is late, a late fee of \$25 per day will be assessed to my account until it is paid and my child will not be admitted on Tuesday until my account has been paid in full.
- I am aware that I will be charged \$1.00 per minute for each minute after closing time I am late picking my child up.
- I understand that if my check is returned, I will be charged a \$35 processing fee. After my second check has been returned, I can only pay with cash or money order.
- I understand that if I fail to clock in/out my child, a \$1.00 processing fee will be charged to my account.
- I understand my child is allotted one free week of vacation (where I do not have to pay tuition or \$50 for a holding spot) once he/she has been enrolled at Stepping Stones of Knowledge Academy for one full year and my account is in good standing. If at any time, I wish to take my child out for vacation, I will be required to pay \$50 holding fee. If this is not paid, I will have to re-enroll my child and submit a new registration fee.
- I have received my Parent Handbook, containing additional policies and procedures, including those for discipline and guidance, suspension and expulsion, emergency plans, procedures for conducting health checks, safe sleep, procedure for parents to discuss concerns with director, procedures for parents and participants in operation activities, procedures for release of children, illness and exclusion criteria, procedures for dispensing medications, immunization requirements for children, meals and food service practices, requirements to visit the center without securing prior approval and procedure for parents to contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS website.
- This institution is an equal opportunity provider.
- Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.
- DFPS values your privacy. For more information, read our Privacy and Security Policy online at <http://www.dfps.state.tx.us/policies/privacy.asp>

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**Parent Signature**

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**Date**

**AUTHORIZATION FOR EMERGENCY MEDICAL AND FIRST AID**

In the event, I cannot be reached to make arrangements for emergency medical care, I hereby authorize the staff and director, representing Stepping Stones of Knowledge Academy to give consent for any and all necessary emergency medical and First Aid care for my child, \_\_\_\_\_, while he/she is in Stepping Stones of Knowledge Academy's custody.

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

**Child's Physician** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Hospital Preference** \_\_\_\_\_

**Address** \_\_\_\_\_ **Phone** \_\_\_\_\_

**CHILD'S CURRENT PHYSICAL LIMITATIONS, SPECIAL NEEDS OR DISABILITIES**

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries, and hospitalization during the past 12 months, any medications prescribed for long-term continuous use, and any other information which caregivers should be made aware of:

Does your child have diagnosed food allergies?  Yes  No Plan submitted on: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Disabilities (Please be specific): \_\_\_\_\_

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If believe that such an operation may be practicing discrimination in violation of Title III, you may call that ADA Information Line at (800) 514 – 0301 (voice) or (800) 514-0383 (TTY).

**IMMUNIZATIONS/HEARING & VISION (please provide us with a copy)**

I have provided Stepping Stones of Knowledge Academy with a copy of my child's most current immunization record.

I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90<sup>th</sup> day after the affidavit is notarized.

I have attached a signed and dated affidavit stating the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

**SCHOOL AGE CHILDREN**

His/her immunization record is on file at school and all required immunizations and/or tuberculosis test are current. Vision and hearing screening records are also on file.

Additional information regarding immunizations, visit the Texas Department of State Health Services' website at [www.dshs.state.tx.us/immunize/public.shtm](http://www.dshs.state.tx.us/immunize/public.shtm)

**ADMISSION REQUIREMENT**

If your child does not attend school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

**HEALTH-CARE PROFESSIONAL'S STATEMENT:** I have examined the above named child within the past year and find that he/she is physically able to take part in the day care program.

\_\_\_\_\_  
Health Care Professional's Signature

\_\_\_\_\_  
Date

A signed and dated copy of a health care professional's statement is attached.

Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

**PARENT'S STATEMENT:** My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**NON-DISCRIMINATION POLICY AND COMPLIANT PROCEDURE POLICY STATEMENT****NON-DISCRIMINATION STATEMENT:**

This provider, Stepping Stones of Knowledge Academy, Inc., is in compliance with Title VI of the Civil Rights Act of 1964 (Public Law 88-352), the Age Discrimination Act of 1975 (Public Law 94-135), The Americans with Disabilities Act of 1990 (Public Law 93-112), and all amendments to each, and all requirements imposed by the regulations issued pursuant to these acts. In addition, this provider complies with Texas Health and Safety Code Section 85.113 (relating to the workplace and confidentiality guidelines regarding AIDS and HIV. This is an equal opportunity program. No person, in the United States shall, on the grounds of race, color, national origin, age, sex, a disability, political beliefs, or religion, be excluded from participation in, be denied benefits in, or be otherwise subjected to discrimination. If you believe you have been discriminated against because of race, color, national origin, age, sex, a disability, political beliefs, or religion, you may lodge a complaint against the management staff of this provider and/or write immediately to the Civil Rights Department, Texas Department of Human Services, P.O. Box 149030, Austin, Texas 78714-9030, (512) 450-3630.

**COMPLAINT PROCEDURE:**

1. **Right to file a complaint:** Any person alleging discrimination based on race, color, national origin, age, sex, disability, political beliefs, or religion has the right to file a complaint of the alleged discriminatory action with the management staff of this provider and/or the Civil Rights Department of the Texas Department of Human Services, P.O. Box 149030, Austin Texas 78714-9030. The provider will explain the complaint system to each individual who expresses an interest in filing a discrimination complaint and shall advise the individual of the right to file a complaint in either or both systems. All complaints must be filed no later than 180 days from the date of the alleged discriminatory action. Under special circumstances this time limit may be extended by the Civil Rights Department.
2. **Acceptance:** All complaints, written or verbal, not handled by the TDHS Civil Rights Department, shall be accepted by the provider agency. Complaint information will be sufficient to determine the identity of the individual toward which the complaint is directed, and to describe the intent or situation about which the allegation is made. Anonymous complaints will be handled just as any other complaints.
3. **Verbal Complaints:** In the event a complainant makes an allegation in person or through a telephone conversation and refuses or is not inclined to put such allegation in writing, the person to whom the allegation is made must put the elements of the complaint in writing.

**Provider Contact:** Kimberly Page **Title** Director  
**Address:** 206 East Redbird Lane **City:** Duncanville **State:** Texas **Zip:** 75116

**I have read and understand my rights under this policy and procedure:**

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

**FOR OFFICE USE ONLY:**

**Date of Enrollment** \_\_\_\_\_

**Date of Withdrawal** \_\_\_\_\_ **Reason** \_\_\_\_\_