



Child Information

First Name:	Last Name:
Middle Name:	Nickname:
Date of Birth:	Home Address:
Sex: Male Female	Home Phone:

Parent Contact Information

Parent 1 Name:	Parent 2 Name:
Home Address:	Home Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Email:	Email:
Workplace Name:	Workplace Name:
Workplace Phone:	Workplace Phone:

Emergency Contact Information—Please list the **people who should be called in case of emergency**, if parents are not reachable.

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

Permission to Transport—Please list the **people who are allowed to transport your child**. No one other than those listed below will be allowed to pick up your child without your permission.

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

Medical Information

Physician Name:	Physician Phone:
Dentist Name:	Dentist Phone:
Allergies (to food, meds, latex, insect stings, etc.):	Medications your child takes on a regular basis:
Medical Issues/Illnesses/Restrictions (such as asthma, eyeglasses, etc.):	Medication Permission Form Please request a Medication Permission Form for any daily or occasional medications that your child would need administered at school.

Permissions/Signatures

<p>• Emergency Medical Care: I authorize Stepping Stones Montessori School to obtain emergency medical care deemed necessary for my child.</p> <p>Signature: _____ Date: _____</p>
<p>• Field Trips: Please sign below to give general permission for your child to attend field trips during the summer. You will be notified of any off-site field trips in advance. This will give permission for impromptu (not parent-notified) walking field trips, going to Mr. Mike's/Miss Carrie's house, barn, or yard next door, and all advance notice field trips of any type. This will also give permission for your child to be transported by teachers, parents, or volunteers to school field trips or events.</p> <p>Signature: _____ Date: _____</p>
<p>• Publicity Issues: I understand that my name, phone number, address, and email address may be shared with other parents for phone tree and communication purposes. I understand that my child's photo and/or name may be published in publicity and/or advertising materials such as newspapers, the school website, school Facebook page, school brochures or other informational literature.</p> <p>Signature: _____ Date: _____</p>

SUMMER PROGRAMS AND RATES

—>Please check below the program option you are choosing for your child.

Full-Time Child Care Program	Cost for Summer 10 weeks	Dates
Full Time _____ 5 full days, Mon—Fri, (8:00am-5:00pm) ages 3—12 years Part Time _____ 4 full days _____ 4 half days _____ 3 full days _____ 3 half days _____ 2 full days _____ 2 half days	\$2,000 4 full days.....\$1700 4 half days.....\$900 3 full days.....\$1300 3 half days.....\$675 2 full days.....\$825 2 half days.....\$450	10 weeks, June 20—August 26, 2016

Payment Contract, Summer 2016 for Child Care Program ONLY

We agree to pay a child care summer program cost of \$ _____ for
 (child's name) _____.

Child Care Program Notes:

Amanda Clifford will be the main teacher and other teachers will be covering approximately one day per week. There will be only one teacher at a time with a back-up person on call if needed, so we must *limit the enrollment of the childcare to 7 students*, ages 3-12. Due to staff limitations, we will not enroll children who need one-on-one behavioral assistance. Childcare will start on Monday, June 27th, and go through Friday, August 26th.

Child Care Program Cost:

- The **full-time cost** for the 10 weeks is \$2,000. If you select full time childcare, you may choose not to utilize all the available hours and weeks, but we must charge for them. If after polling families, we have part time slots left, we will notify interested families and prorate the time depending on the amounts of time requested.
- There will be no hourly charges after 3pm, as there are during the school year.
- A **deposit of 25% of total cost is due upon Registration for the Summer Day Care, preferably by April 1, 2016.**
- **Please note that ALL payments are non-refundable.**

Full-Time Summer Child Care Payment Dates

Upon Registration/Enrollment....	25% due
By June 1, 2016....	25% due
By July 1, 2016....	25% due
By August 1, 2016....	25% due

Policy Agreements:

- *I understand that all payments are non-refundable for any reason and that this Contract is binding.*
- *I have or will read and retain a copy of the Stepping Stones Parent Handbook.*

Parent Signature _____ Date _____

Director Signature _____ Date _____