

# Stepping Stones Academy

201 Chase Drive \* Hurricane, WV 25526 \* phone 304-201-2505

## Authorization for Pick-Up Form

Child's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Other persons authorized by the parent(s) or guardian(s) to pick up the child from the preschool. If the parent/guardian cannot be reached, the following people may be contacted in case of illness, injury, or emergency. It is the parent's responsibility to keep this list current. A photo I.D. is required for these individuals to pick up your child.

### Emergency Contact Info:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address \_\_\_\_\_ Relationship to Child \_\_\_\_\_

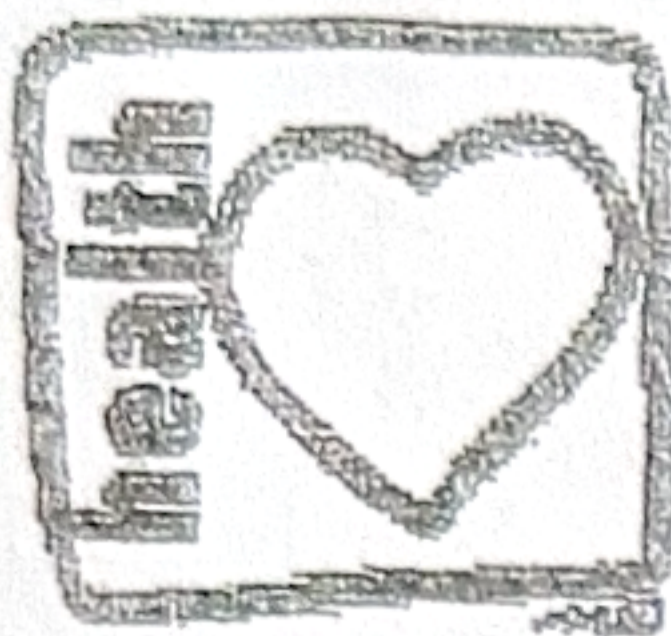
If the school is unable to contact you in case of illness or accident, do you consent to our request to administer emergency medical attention, call 911, and/or transporting your child to hospital?

Yes       No

I do hereby authorize Stepping Stones Academy to release my child to the above listed people in the event I am unable to pick him/her up myself.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



Medical Information Form

(The following information will be kept confidential by Putnam County Schools)

Student: \_\_\_\_\_  
(Last) (First) (Middle)

I have medical insurance for my child. \_\_\_\_\_ Yes \_\_\_\_\_ No

I have a Medicaid Medical Card for my child. \_\_\_\_\_ Yes \_\_\_\_\_ No

Medicaid Number: \_\_\_\_\_

Has your child seen a doctor? \_\_\_\_\_ Yes \_\_\_\_\_ No Has your child seen a dentist? \_\_\_\_\_ Yes \_\_\_\_\_ No

If my child qualifies, I would like free dental and medical care. \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your child had any of the following?

	Yes	No		Yes	No
Asthma	_____	_____	Cystic Fibrosis	_____	_____
Seizure Disorders	_____	_____	Cerebral Palsy	_____	_____
Heart Disease	_____	_____	Autism	_____	_____
Diabetes	_____	_____	Chicken Pox	_____	_____
Kidney Disease	_____	_____	Other	_____	_____

If you answered "yes" to other, please explain \_\_\_\_\_

Has your child ever had problems with:

food allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what foods? \_\_\_\_\_

Type of reaction? \_\_\_\_\_

reaction to bee sting? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, type of reaction \_\_\_\_\_

Does your child use/have an Epi-Pen? \_\_\_\_\_ Yes \_\_\_\_\_ No (If YES, HS-18 form must be completed)

Does your child require dystat for seizures \_\_\_\_\_ Yes \_\_\_\_\_ No (If YES, HS-18 form must be completed)

Will your child require any daily medication during school hours \_\_\_\_\_ Yes \_\_\_\_\_ No (If YES, HS-18 form must be completed)

Has your child ever been hospitalized? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what date(s) and reason(s)? \_\_\_\_\_

Is your child on any medication at the present time? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what type, dosage, and time schedule? \_\_\_\_\_

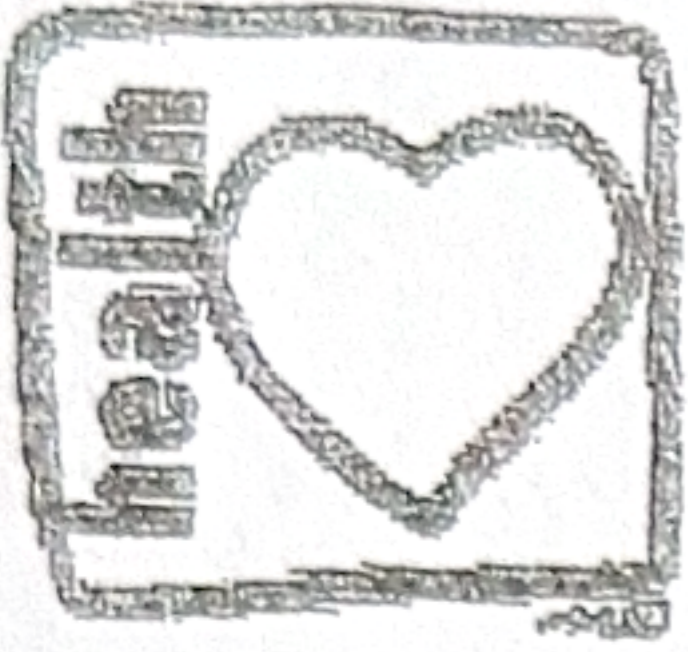
\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature

Date

Office Copy



Medical Information Form

(The following information will be kept confidential by Putnam County Schools)

Student: \_\_\_\_\_ (Last) (First) (Middle)

I have medical insurance for my child. \_\_\_\_\_ Yes \_\_\_\_\_ No

I have a Medicaid Medical Card for my child. \_\_\_\_\_ Yes \_\_\_\_\_ No

Medicaid Number: \_\_\_\_\_

Has your child seen a doctor? \_\_\_\_\_ Yes \_\_\_\_\_ No Has your child seen a dentist? \_\_\_\_\_ Yes \_\_\_\_\_ No
If my child qualifies, I would like free dental and medical care. \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your child had any of the following?

Table with 2 columns of conditions (Asthma, Seizure Disorders, Heart Disease, Diabetes, Kidney Disease, Cystic Fibrosis, Cerebral Palsy, Autism, Chicken Pox, Other) and 2 columns of Yes/No checkboxes.

If you answered "yes" to other, please explain \_\_\_\_\_

Has your child ever had problems with:

food allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what foods? \_\_\_\_\_

Type of reaction? \_\_\_\_\_

reaction to bee sting? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, type of reaction \_\_\_\_\_

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Has your child ever been hospitalized? \_\_\_\_\_ Yes \_\_\_\_\_ No

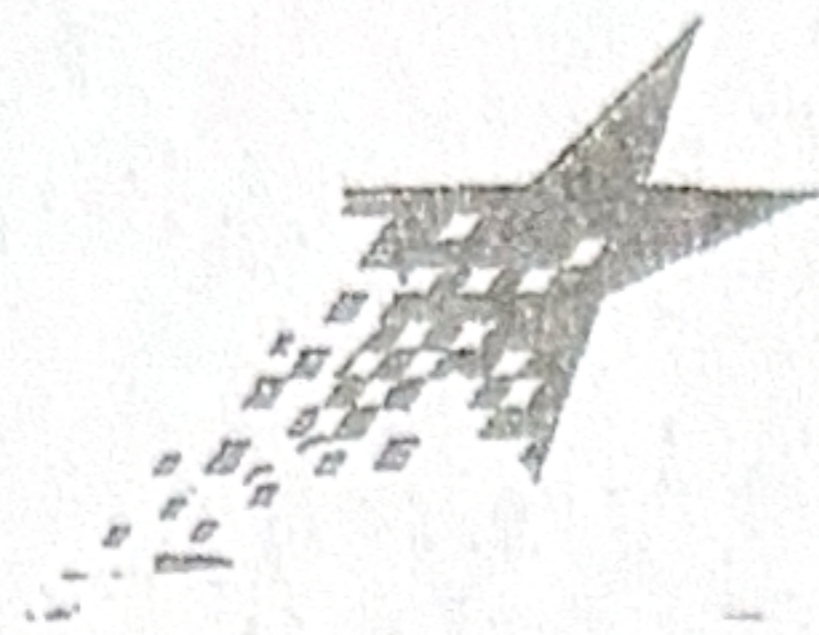
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Is your child on any medication at the present time? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what type, dosage, and time schedule? \_\_\_\_\_

Parent/Guardian Signature

Date



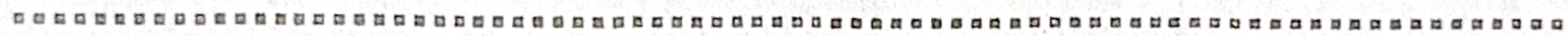
### Media Refusal Form :

You have the right to refuse to permit the designation of any or all the below categories of personally identifiable information with respect to your child.

If you so refuse, you must inform the school **within ten (10) calendar days** of this announcement.

Please use this following form for informing the school of the specific categories that you **DO NOT** want released without your written approval.

If you **DO** grant permission for all, please **simply fill out the information below and make zero checkmarks.**



Please indicate the following outlets you **DO NOT** wish your child's name, image, or work to appear (place a checkmark by the categories).

- School or county website \_\_\_\_\_
- School or county social media (Facebook, Twitter, Instagram, etc.) \_\_\_\_\_
- School or county promotional materials \_\_\_\_\_
- News media (print, television, radio) \_\_\_\_\_
- School yearbook and school newsletter \_\_\_\_\_

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Grade of Student

\_\_\_\_\_  
Signature of Parent/Guardian/Eligible Student

\_\_\_\_\_  
Date

## Notification Request Form

### Pesticide Levels 3 and 4

Level 3 EPA Caution (crack & crevice treatments)  
Level 4 EPA Warning or Danger (broadcast spraying and fogging)

Do you as a parent or legal guardian wish to be informed at least 24 hours in advance of the application of Level 3 or 4 pesticides in your child's day care center?

Please mark the appropriate box and return to the director:

- Yes  
 No

A notice will be available 24 hours in advance of pesticide application. The notice will be placed at the register where you sign your child into the center each day.

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Child's Name

---

Parent or Guardian's Name

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Address

---

City State Zip

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Phone

## Welcome to Stepping Stones Academy!

Preschool is an exciting milestone in your child's life. Your child is embarking on a journey that will lead them on many roads of discovery and learning. Preschool is very important for later achievement in school. Our goal is to provide a basic foundation for your child's education.

Family members are invited and given opportunities to come visit or participate throughout the school year. "A child's best educational opportunities and growth depend on combined efforts of the parent, the teacher, and the child. The greatest contribution on the part of the parent should come before the child even begins their formal education."

The staff at Stepping Stones Academy looks forward to working with you and sharing in the growth and development of your child. We acknowledge and respect the trust you have put in us for the care of your child. Thanks for allowing us the opportunity to provide your child with a lifelong love for learning.

Kim Harper-Rieve  
Owner / Director  
304-395-0520



# Stepping Stones Academy Registration Checklist

- SIGNED ENROLLMENT AGREEMENT
- COMPLETED REGISTRATION FORM
- RATE & FEE AGREEMENT
- PAID MEMBERSHIP FEE
- AUTHORIZATION FOR PICK-UP
- WELL CHILD VISIT REPORT FROM DR.
- IMMUNIZATION RECORDS
- MEDICAL INFORMATION FORM
- \_OFFICE COPY
- \_CLASSROOM COPY
- BIRTH CERTIFICATE
- INSURANCE CARD
- MEDIA FORM
- PESTICIDE FORM

MEDICAL RECORDS CAN BE FAXED TO  
STEPPING STONES ACADEMY 304-201-2506

QUESTIONS CONTACT: KIM HARPER-RIEVE 304-395-0520

**Stepping Stones Academy  
Enrollment Agreement**

This form must be completed and returned to the Stepping Stones Academy Office. A \$150.00 (new students) or a \$100.00 (returning students) non-refundable registration fee must be submitted for your child to be enrolled in the school.

Child's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

1. I understand that the school is open according to the official school calendar as set by the Board of Education of the Putnam County School System. I understand the school may not be in operation during vacations, inclement weather, or other closings. I also understand that if school closes early for any reason, you will be notified if children are being dismissed and will need to be picked up.
2. I understand the participation fees are due on the first day of the month. Tuition will be considered arrears as of the 10<sup>th</sup> of the month and a \$15.00 late charge will be added. The school reserves the right to withdraw a child if tuition is two months in arrears.
3. I understand that in the event of any absences during program hours I will be responsible for PAYMENT OF FEES for the TIME RESERVED in the program, NOT THE ACTUAL TIME spent in the program.
4. I understand that I am responsible for updating the information in my child's file as changes occur.
5. I understand that my child must be picked up on time or a late fee will occur. For a late pick-up, you are assessed a \$10.00 fee if it is 5 minutes past the scheduled pick-up time and there will be an additional \$1.00 per minute fee assessed thereafter.
6. The staff at Stepping Stones Academy will assume full responsibility for my child from the time he/she arrives at the school until they leaves the school according to instructions I have written on the pick-up form.
7. I understand that if a medical emergency arises, the staff will attempt to contact me. If I cannot be reached, I understand that the staff will take appropriate measures to ensure my child's safety, including transportation by ambulance to the hospital. I understand that I will be responsible for the payment of any fees because of this type of situation.
8. Property damage to Stepping Stones Academy equipment of the school will be the responsibility of the signed parent or guardian of the child.
9. The following are reasons that our school will be inclined to dismiss your child from our school: (a.) frequent delinquent or non-payments (b.) ongoing behavior problems that become disruptive to our program (c.) failure to pick up your sick child within one hour of being notified (d.) frequent late pick-ups.
10. A two-week written notice of withdrawal is required. If two weeks is not given, your advance payment will be forfeited.
11. There will be a \$25.00 service charge applied for all checks returned to us by the bank as non-payable. After two returned checks we may require that all future payments be made in cash.
12. The 4-year-old program: Enrollment is voluntary; however, once your child is enrolled, attendance requirements apply. The Putnam County School Board may elect disenrollment for a child if it is determined that attendance requirements are not met.

I agree to adhere to all stated policies and procedures both here and as outlined in the Parent Information Handbook and give my permission for my child to participate fully in this program.

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

Date: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

**Stepping Stones Academy  
Rate and Fee Agreement  
Hours of Operation 7 AM to 6 PM**

Registration fee - \$150 New Students      \$100 returning students  
My child will attend Stepping Stones Academy on the following days and  
I realize the fee below is not based on attendance

**2 year old Classroom**

**8:00-11:30 Part Time**  
 \_\_\_ 2 days \$390 / month  
 \_\_\_ 3 days \$475 / month  
 \_\_\_ 5 days \$550 / month

**7:00am- 6:00pm Full Time**  
 \_\_\_ 2 days \$625 / month  
 \_\_\_ 3 days \$700 / month  
 \_\_\_ 5 days \$800 / month

**3-4 year old Classroom**

**8:30-11:30 Part Time**  
 \_\_\_ 2 days \$390 / month  
 \_\_\_ 3 days \$475 / month  
 \_\_\_ 5 days \$550 / month

**7:00am- 6:00pm Full Time**  
 \_\_\_ 2 days \$625 / month  
 \_\_\_ 3 days \$700 / month  
 \_\_\_ 5 days \$800 / month

**Before Care - \$10/day**

**4 year old PCS Pre-K Childcare**

Mon- Thurs. Before care at 7:00 am  
and /or After care until 6:00 pm  
Friday Full day care 7 am – 6 pm  
Includes early out days, PCS OS days,  
snow days, and school holidays that  
we are open.  
 \$560 / month

**Summer Program**

**7:00am- 6:00pm Full Time**  
 \_\_\_ 2 days \$625 / month  
 \_\_\_ 3 days \$700 / month  
 \_\_\_ 5 days \$800 / month

**8:00-11:30 Part Time**  
 \_\_\_ 2 days \$390 / month  
 \_\_\_ 3 days \$475 / month  
 \_\_\_ 5 days \$550 / month

**Elementary Age Part Time**

Afterschool \$25 / day  
 Early out \$30 / day  
 2 hour delay \$15 / day  
 Full Day \$45 / day  
 Aftercare 5 days/week \$425/month

**Summer Elementary**

**7:00am- 6:00pm Full Time**  
 \_\_\_ 2 days \$625 / month  
 \_\_\_ 3 days \$700 / month  
 \_\_\_ 5 days \$800 / month

These monthly prices are based on being billed for 48 weeks out of a 52 week year. Pricing does not include the week of Thanksgiving, the week between Christmas and New Year's, and Putnam County Schools spring break. These weeks will be billed out on an as needed basis.

I understand that if my child is not picked up by 6:05 PM a late fee of \$10 will be imposed and thereafter, an additional dollar permanent fee will be assessed. The late fee will be due the next day my child attends school.

Child's Name \_\_\_\_\_ Monthly Rate \_\_\_\_\_

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

# Stepping Stones Academy

201 Chase Drive \* Hurricane, WV 25526 \* phone 304-201-2505

## Registration Form

Child's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

Zip

Home Phone: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Employer \_\_\_\_\_

Mother's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street

City

Zip

Home Phone: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email: \_\_\_\_\_

Employer \_\_\_\_\_

### Emergency Contact Info:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Child's Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Child's Dentist Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Name: \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies: \_\_\_\_\_

Reaction: \_\_\_\_\_

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