

PRESCHOOL REGISTRATION 2024-2025

Stepping Stones Preschool & Enrichment Center 412 E SD HW 38 Hartford, SD, 57033 (605) 528-3358

www.steppingstonespreschoolcenter.com

Child's name _____ Date of Birth _____ Start Date _____

Circle one: male female E-mail address _____

Parents' names _____

Address _____ City _____ Zip _____ Home phone _____

Mom Work _____ Dad Work _____

Mom Cellphone _____ Dad Cellphone _____

Please mark your first choice for class:

Registration Fee is \$35.00 (new families only) This is needed to hold your child's spot.

Summer registration and pricing go into effect on 05/20/2024. You will be charged a weekly minimum rate depending on the contract that you choose (5, 3, or 2 day). Switching back and forth between rates and days is not permitted. You will be billed your minimum weekly fee on Monday of the current week. Occasionally we will go on a field trip. This could be to the library or even an event in Sioux Falls. All Families will be notified in advance. All Field Trips will depend on drivers. Field trips are at the family's expense. Gas fees will be applied to field trip costs. If you can drive let us know. Children may be pulled from field trip based on behavior. This is at the teacher's discretion. All children must bring a cold lunch or the subway plan and hot lunch plan is an option for your family.

If you are planning on enrolling in both this summer and the upcoming school year, please complete both columns.

Summer 2024	School Year 2024-2025
<p><u>Toddler Class (ages 6mo - 3yr)</u></p> <p><input type="checkbox"/> 5 days per week is \$215.00 <input type="checkbox"/> 3 days per week is \$170.00 (M W F) <input type="checkbox"/> 2 days per week is \$140.00 (T Th)</p>	<p><u>Toddler Class (ages 6mo - 3yr)</u></p> <p><input type="checkbox"/> 5 days per week is \$215.00 <input type="checkbox"/> 3 days per week is \$170.00 (M W F) <input type="checkbox"/> 2 days per week is \$140.00 (T Th)</p>
<p><u>3-5-year Full Day Preschool Class</u></p> <p><input type="checkbox"/> 5 days per week is \$200.00 <input type="checkbox"/> 3 days per week is \$155.00 (M W F) <input type="checkbox"/> 2 days per week is \$125.00 (T Th)</p>	<p><u>3-5-year Full Day Preschool Class</u></p> <p><input type="checkbox"/> 5 days per week is \$200.00 <input type="checkbox"/> 3 days per week is \$155.00 (M W F) <input type="checkbox"/> 2 days per week is \$125.00 (T Th)</p>
<p><u>Drop in</u></p> <p><input type="checkbox"/> \$7.50 per hour</p> <p>***Drop in is considered any hours outside contracted hours ***Must be pre approved by the director</p>	<p><u>3-5-year Preschool Class 1/2 Day Options Only Available during the School Year; Does Not include summer</u></p> <p><input type="checkbox"/> 5 ½ days per week \$450.00 month M-F 8:30-11:30 <input type="checkbox"/> 3 ½ days per week \$350.00 month M W F: 8:30 - 11:30 <input type="checkbox"/> 2 ½ days per week \$300.00 month T Th: 8:30- 11:30</p> <p><u>West Central JK & Early Childhood Enrollment</u> \$200.00 per week</p>
<p><u>School Age Summer</u></p> <p><input type="checkbox"/> 5 days per week is \$175.00 <input type="checkbox"/> 3 days per week is \$130.00 <input type="checkbox"/> 2 days per week is \$100.00</p>	<p><u>Before & After School (School Age)</u></p> <p><input type="checkbox"/> Before & After School 110.00/wk (includes WC early-out and late start) <input type="checkbox"/> After School Only \$95.00/wk (includes WC early out) <input type="checkbox"/> Before School Only \$75.00/wk (includes WC late start) No school days due to WC being closed will be an additional charge: Before & after-\$30/Day, After only-\$35/Day, Before only- \$40/Day ***In Town Bussing is at the expense of the parents. It will need to be set up with the Transportation Department at West Central***</p>

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Registration & Tuition:

All registration fees are required at time of registration in order to guarantee a space in the class. All fees are non-refundable. Registration fees are for new families only. Tuition is due on the first day of the month for part-time classes and on the first of the week for full day classes. A late fee of \$5.00 will be added to your account if your payment is not made by 6pm Monday of your billing plan. Returned checks and returned Bright Wheel payments will result in that person paying cash only payments for the remainder of the school year. There will also be a \$45.00 service fee. No exceptions. Payments can be made directly through our Bright Wheels App, or by cash or check in person.

Overpayments to the Center will be credited to your account, no refunds will be granted. A late fee of \$5.00 will be added to your account if payment is not made by 6 p.m. Monday of every week. If tuition becomes more than two weeks late, you may be asked to withdraw your children until your account is paid in full. For families with multiple children, the child with the highest weekly rate will be charged the full amount; all others will receive a 10% discount.

Brightwheel App & Classes:

All families will be required to download Bright Wheel. This is the tool that we use to communicate, parent notes, pictures, incidents, snow days, field trips, etc.. At the start of the preschool year parents will be given an invitation on how to get started. All classes are filled based on first come, first serve basis. Children will be placed on a waiting list and families will be notified if a class is filled.

Please initial each box for consent:

	Photo Release - Consent is hereby granted to Stepping Stones Preschool for the use of photographs involving my child as stated in the Stepping Stones Preschool Handbook.
	Permission to take your child on field trips.
	I have read and agree to uphold the policies set forth in the Stepping Stones Preschool Handbook, as well as, any policy changes that may be noted as the school year progresses. Please view Handbook at www.steppingstonespreschoolcenter.com

Emergency Medical Authorization

I hereby give permission for emergency medical treatment for my child _____ if requested by Stepping Stones Preschool Hartford, who is our child care provider.

Please note that my child is allergic to the following items; or has the following medical conditions;

Primary Physician _____

Clinic _____ Phone Number _____

Emergency Contact Information

Emergency Contacts: (Must Have 3 excluding parents)

Name _____ Phone Number _____ Relationship to Child: _____

Name _____ Phone Number _____ Relationship to Child: _____

Name _____ Phone Number _____ Relationship to Child: _____

Custody Information: _____

Individual(s) allowed to pick up child _____

Individual(s) NOT allowed to pick up child (please provide a copy of legal document) _____

Please sign below acknowledging all consents and registration:

Signature _____

Date _____