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***Enrollment Form***

**Provider Information:**

Stepping Stones Child Care

Wichita, Kansas 67228

615-427-1110

Director – Jamie Hawk

**Parents(s) or Legal Guardian(s):**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To provide child care for:**

Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional information about your child:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACTS.** In case of an emergency, Stepping Stones Child Care will first try to reach the Parent(s). If the Parent(s) cannot be reached, Stepping Stones Child Care will then contact the following person(s) in the order listed below:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Parent(s) hereby gives Stepping Stones Child Care permission to care for the above child (or children) in accordance with all parental information/guidelines. Copies of these guidelines are provided to each parent at the time of enrollment. In consideration of these guidelines, the parties agree to the following:

1. **CONTRACTED HOURS.** The Provider shall provide child care services and the Parent (s) shall pay for such services as follows: (Select Day option)

\_\_\_\_ 2 days a week – Tues./Thur. 9:00 a.m. - 12:00 p.m.

\_\_\_\_ 2 days a week – Wed./Fri. 9:00 a.m. - 12:00 p.m.

\_\_\_\_ 3 days a week – Tues./Wed./Thurs. 9:00 a.m. – 12:00 p.m.

\_\_\_\_ 4 days a week – Tues./Weds./Thurs./Fri. 9:00 a.m. – 12:00 p.m.

The Parent(s) shall pay childcare fees based on the above schedule at the rates specified below.

**2. FEES FOR CHILD CARE.** $140/month for two days a week, $210/month for three days a week session, $280/month for four days a week session. Childcare fees are due and payable regardless of the child (children)'s attendance.

**3.** **TIMING AND METHOD OF PAYMENT.** The Parent(s) shall pay childcare fees on or before the First day of each month. Payments may be made by cash, check, or via PayPal. In addition, if fees are not paid in full and on time, the Parent(s) agrees to pay a $10.00 per day late fee. If fees are not paid within 15 days, the child (children) will not be allowed to attend the facility until payment is received in full.

**5. ENROLLMENT FEE.** The Parent(s) shall pay $50.00 per child as an initial enrollment fee. The enrollment fee is *nonrefundable* and due at the time of enrollment.

**6. OVERTIME FEES.** The Parent(s) agrees to pay overtime fees of $5.00 per 15-minute interval if the child (children) is not picked up by the scheduled time as noted above. This overtime fee shall be paid with the next scheduled payment.

**7. TERMINATION OF CHILD CARE.** The Provider or the Parent(s) may terminate childcare only by providing the other party with two weeks advance written notice. If the Parent(s) fails to provide two weeks advance written notice, the Parent(s) agrees to pay the regular scheduled fees for the two weeks or portion of such two weeks immediately after such notice during which the Provider had no notice of such termination.

Stepping Stones Child Care retains the right to terminate this Contract without notice for the following reasons:

- The child (children)'s behavior is destructive, uncontrollable, violent, or threatening to the other children or providers at the care facility. This determination is made in the sole discretion of the Provider.

- A Parent's behavior is threatening or abusive to the other children or providers at the care facility.

- Childcare fees are 30 days or more delinquent.

- The child (children) is absent for 30 days or more without reasonable explanation or payment from the Parent(s).

All terminations of this type can be made effective immediately.

**8. \*\*PARENT INFORMATION/GUIDELINES\*\*** Each parent/guardian will be provided with a copy of Stepping Stones Parent Information/Guidelines. *By signing this enrollment form you are stating that you have read and agree to these guidelines.*

(Print Name of Parent/Guardian)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Signature of Parent/Guardian)