



School Information

Address: 6155 Guion Road, Suite B, Indianapolis Indiana 46254

Hours: Monday – Friday 6:00am-6:30pm

Phone: (317) 347-1049

Email: director@sslschools.com

Website: www.slschools.com

Director Information

Director: Temicka Moore

Phone: (317) 476-2176

Email: director@sslschools.com

Stepping Stones Learning Schools are Christian private schools under the jurisdiction of the Indiana Department of Education.

Stepping Stones Learning Schools

PRESCHOOL HISTORY & HERSTORY

We are a Christian private preschool established in 2009 to serve the academic and social needs of young impressionable children. Our "gemstones" have the pleasure of enjoying an experienced and dedicated staff that share a genuine love of children and seek to invest the very best early childhood academic standards, social skills, and physical development in each and every child.

SSLS PRIDE

○ CREED

- *Provide a safe, loving, and nurturing Christian environment for children*
- *Reassure parents that the academic and social needs of their child is being met*
- *Prepare our children to exceed the requirements of Kindergarten readiness*
- *Allow children to exemplify their individual talents and skills through Christian principles*
- *Introduce skills that build character and healthy minds through a 3-Step academic transition program, etiquette training, and nurturing*

○ MOTTO

- *“Educating Young Minds...One Step at a Time”*

○ COLORS

- *Royal Blue & Tea Rose Yellow*

○ MASCOT

- *The Gemstone*

Stepping Stones Learning Schools

PARENT HANDBOOK

Enrollment Process

Stepping Stones Learning Schools is delighted that you are interested in our preschool or before & after school programs. The following steps are required to secure your family in our program:

- **Online Interested Parent Form**
- **A Meet & Greet Tour**
- **Enrollment Fee - \$50.00 per family (non-refundable-valid for 2 weeks)**
- **Enrollment Packet**
- **Birth Certificate for All Children (copy)**
- **Immunization Records**
- **Required Uniforms**
- **First Week's Tuition**

Tuition Rates, Fees, and Payment Policy

- **Preschool Tuition Rates & Fees**
 - Family Registration Fee \$50.00
 - Full Time /Half Day Program \$100.00 per week
 - Returning Student Rate (FT) \$90.00 per week
 - Three Day Program \$75.00 per week
 - Scholarship Rate \$75.00 per week
 - Summer Session (Age 6-12) \$75.00 per week, \$50.00 siblings
 - Summer Activity Fee \$50.00 per family
 - Additional Hours \$10.00 per week per family
- **Crystal Care (Before & After Care)**
 - Preschool Before/After Care Included up to 10 hours or 6pm
 - Elementary Before Care \$25.00 per week
 - Elementary After Care \$25.00 per week
 - Before School Transport \$25.00 per week
 - After School Transport \$25.00 per week
 - Full Days (School Closed) \$5.00 per day additional
 - Temporary School Break Care \$10.00 per day
- **Payment Options**
 - **Monthly 10% discount** 4 weeks in advance
 - **Bi-weekly** 2 weeks in advance
 - **Weekly** 1 week in advance
- **SSLS Discounts:** Monthly and sibling discounts may be combined, however, returning student discounts, promotional discounts, and scholarships may not be used in conjunction with any other offered discount.
 - **Monthly Discount** 10% off monthly tuition
 - **Sibling Discount** 50% off weekly tuition - Preschool
\$5.00 off weekly tuition – Crystal Care

Cash/Debit Card Payments:

- Acceptable Forms of Payment due on Friday Mornings by 9a.m.
 - Cash
 - Credit Card In Person
 - Via Square Cash App or Online at:
[https://cash.me/\\$SteppingStones](https://cash.me/$SteppingStones)
- **All online payments subjected to a \$2.00 convenience fee. This amount is required to be added to your tuition payment if paying with a credit card via the Square Cash App.**
- **Late Fees** – Payments received after 9am on your payment due date will incur \$10.00 a day late fee not to exceed 5 days or \$50.00. **Monthly Parents: If your payment is late, the monthly discount is forfeited for that month in addition to \$10.00 per day late fees.** Late payments and fees not paid by the following Friday will result in the student being withdrawn from our program until balance is paid unless payment arrangements have been approved by the Director.
- **Tuition Free Weeks (TFW)**– All SSLs families are entitled to **Three (3)** Tuition Free Weeks per school year (August - July) by **submitting your request in writing via email to the Director by 12 noon the day before the Payment Blue Date.** These weeks are offered in exchange for the school being closed for Spring Break and Christmas Break in which tuition is still required to be paid. These weeks are also used by parents in times of economic hardship, family budgeting, and family vacations. However, you are not required to provide an explanation as to why you are utilizing these weeks.

Please refer to the school calendar distributed in this enrollment packet for specific dates that tuition free weeks may be used. Please keep the following rules in mind when making your decision:

- **TFW's can only be used on PAYMENT BLUE DATES highlighted on the school calendar.**
- **Blue Dates cannot be used or requested:**
 - *The first 30 days of enrollment*
 - *Consecutively*
 - *For Missed Days of School for Any Reason*
 - *If your account has a past due balance*
- **Tuition/Attendance Policy** - Tuition payments are based on securing your child's enrollment not on the child's attendance. There are no refunds or pro-rates provided for late arrivals, early departures, or absences for any reason. **Tuition payments are due in the event that the child is not present** until a 2-week Notice to Withdrawal form has been submitted to the director.

School Uniform Policy

SSLS is a uniformed school that requires all students to dress in approved SSLS attire for all semesters.

The SSLS Uniform will consist of:

- **Polo Shirts – White, Navy, Light Blue, or Yellow (Gold Not Permitted)**
- **Pants, Skirts, Shorts – Navy or Khaki Colored**
- **Sweaters (no hoods) or Vests – White, Khaki, Navy, Yellow**
- **Any Color Shoe – Open Toe/Heeled Shoes Not Permitted**

Stepping Stones Fridays—Students are not required to be in uniform and may dress down for the day on Fridays.

Uniform Violation Fee - Failure to dress your student in approved attire will result in a Uniform Violation Fee of **\$5.00 per occurrence**. You are required keep an extra uniform in your student's bag for emergency purposes.

Attendance & Admittance Policy

Reporting Absences – All students are required to attend school on a daily basis to comply with the State of Indiana attendance guidelines. Parents and/or Authorized Persons are required to sign children in daily. Please report all absences by 9:15am daily to your students teacher via email:

- Miss Asya – missasya@sslschools.com
- Miss Nichole – missnichole@sslschools.com
- Miss Stacia – missstacia@sslschools.com

Admittance Policy - All students are required to be in attendance by 9am with a 15-minute grace period. Students **WILL NOT** be permitted to attend after 9:15am unless a signed Doctor's note is provided or if a Late Pass is available. **Each student is granted six (6) late passes per school year**. It is imperative that students are present for academic learning in its entirety and on time. We strongly recommend saving last passes for inclement weather.

Sign In/Out Policy-Parents and authorized persons are required to sign students in via the attendance keypad daily upon drop off and pick up.

Late Pick Up Policy/Overtime Option

Late Pick Ups - No grace period. A \$10.00 Late Pick-Up Fee will be assessed for the first minute and \$1.00 per minute thereafter. Late Pick-Up Fees will be assessed to your account for every minute that you are late picking up after your contracted time and our required to be paid the next business day by 9am.

Overtime Option - Should you need additional hours (beyond 10 contracted hours or beyond 6pm) for any reason you can utilize the Overtime Option which allows your time to be extended to 6:30pm for an additional \$10.00 per week. This option must be requested by noon the day that Overtime is needed to be eligible.

Authorized Persons Pick Up Policy

Students will only be authorized to leave with persons listed on the student's Authorized Persons Form. Authorized Persons must produce a valid form of ID (Driver's License, State issued ID, or other form of Picture ID) and the Parent 4-digit pin. Parents must notify SSLS to verbally authorize anyone who is not listed on the authorized persons form. If no authorization is given, all attempts will be made to contact the parent for authorization or the child's emergency contact.

Illness & Communicable Disease Policy

It is recommended that parents provide a fever reducer medicine such as Tylenol, Ibuprofen, or Motrin to leave at the school for fever related emergencies. Should your child become ill from fever and a medication permission form has been provided, SSLS will administer the medicine and isolate the child from the general population.

- ***Ill Child*** - In the event that a student becomes ill while at the school, the parent will be notified of the child's symptoms and will be asked to pick up the student within one (1) hour of notification. If the student is ill from **fever, vomiting, or diarrhea**, or if 2 or more of these symptoms are present, the student may not return to the school the next day or until the student is symptom free.
- ***Communicable Diseases/virus*** such as Ringworms, Head Foot & Mouth Disease, Chicken Pox, Measles, Bed Bugs, Head Lice, Common Cold & Flu Viruses, NoroVirus, RotoVirus, Shiegella and all other communicable diseases are contagious to other students and staff. Any student that has been diagnosed or exhibits the signs/symptoms of a communicable disease may not attend for a period of 1 to 5 days depending on the symptoms, diagnoses and recommendation of the student's pediatrician, or the school director.
- ***School Quarantine*** may be necessary if more than 50% of the population exhibits symptoms of a communicable disease. The most common viruses that a school population would close for are the RotoVirus, NoroVirus, and Shigella. A standard quarantine period is three (3) days.

Weather Related Delays & Closings

In the event of severe and/or inclement weather, parents are responsible for obtaining information from the local television stations for updates on school delays or closings.

SSLS adheres to the decisions made by **MSD Pike Township Schools**.

The following is a list of possible outcomes:

- 1 or 2 Hour Delay: No Before care; SSLS will open at 9am
 Tardy Bell at 9:15
- School Closing: SSLS will be closed

School Meals and Snacks

SSLS serves breakfast, lunch, and afternoon snack participates and adheres to the rules & regulations of the State Food Program. All parents are required to complete an Application for Meals which determines the reimbursement the school receives and a Food Program Enrollment Form for our sponsor upon enrollment.

All meals and snacks are included in your weekly tuition. Please refer to the daily schedule for

meal and snack serving times.

- **Home Lunches** – Students are permitted to bring their lunch to school at their leisure, however, candy of any kind is not permitted and will be removed from the students lunch if found. Milk will be available for any student that brings their lunch.
- **Food Allergies** - If your student has a food allergy you are required to **document the allergy information on the enrollment application** and have the **Medical Allergy Form** completed by the student's pediatrician listing the allergy and any information that the school may need to know to treat a reaction it occur.
- **Meal Substitutions**-SSLS will make all reasonable accommodations for students with allergies but strongly encourages students to bring a Home Lunch on the days that the meal is not desired or if an allergy is present in the meal served.

Birthday & Holiday Celebrations

- **Birthdays:** Students may bring store bought treats for their class for their birthday. Candy bags may be included in the celebration but will not be distributed until the end of the day as each child is dismissed. Candy is not permitted to be served at school as a birthday celebration treat.
- **Holiday Celebrations:** SSLS has school wide holiday celebrations that each student is **required to participate** in by doing the following:

October – Harvest Party – Positive Character Costume & One Bag of Candy
November – Food Drive – One can good to donate to local food bank
December-Christmas Party – One \$5.00 Unisex Toy & One Bag of Candy
February-Friendship Party– One Card for each classmate & One Bag of Candy

Naptime

SSLS has a relaxation period for a period of two hours. Students are not required to nap/sleep but are required to lie down and remain quiet.

Each student may bring one small blanket and one small pillow that is required to fit in their daily book bag (standard size bed pillows are not permitted). Please wash and clean blankets over the weekend for the upcoming weekend to prevent the spreading of germ and infection.

Transportation & Field Trip Policy

Elementary School & Field Trip Transportation is provided by an employee of SSLS or a 3rd party administrator that is licensed and insured according to the State of Indiana liability standards. SSLS will not be held liable for any accident or injury.

SSLS may attend field trips periodically for which the parents will be given a minimum of one (1) week advanced notice of any activity or outing. A small fee will be required to be paid by the parents to offset the cost of field trips.

Parents as Chaperones –Parents are always welcome to serve as Chaperone's for any of our field trips. Any parent wishing to be a chaperone will be required to obtain a criminal background

check from the city county building, a TB test dated within one year of the field trip, and a drug test. Please submit all information in a sealed envelope to the attention of the Director for review and approval. Parents will be responsible for transporting themselves to field trip locations.

Annual School Fundraiser

Fundraising is a vital component to the continued success of our school and allows us to keep our tuition rates affordable. Each family is **REQUIRED** to participate in both of our Annual School Raffle Fundraisers in October and March by selling a **minimum of \$50.00 per student per fundraiser**. A **\$50.00 Fundraiser Fee per student** will be assessed to your account in the event that the fundraising requirement is not met for each fundraiser.

Parent-Director Semi-Annual Conferences

Parent-Teacher conferences are available at the request of the parent to discuss the academic progress and plan of your student in October and March. In addition, we utilize these conferences to receive parental feedback for school improvement. Conferences can be scheduled in 20 minute increments according to parent availability.

Open Door Policy

SSLS encourages parental involvement and feedback as it is critical to the success of all our students. Therefore, we believe that it is essential that the doors of the preschool be open to parents any time your child is on the premises. In fact, it is your right under the laws of the State of Indiana. While we encourage parental observation, excessive observation can sometimes serve as a distraction to students preventing them from focusing on academics. Therefore, we encourage parents to observe in moderation. Should you have any questions, concerns, or suggestions please feel free to relay that information to the director or your child's teacher in a positive and courteous manner and it will be taken under advisement and handled accordingly.



2017 – 2018 Preschool Calendars

Fall Session

August 7	First Day of School
September 4	Labor Day
October 18	Progress Report
October 19 & 20	Fall Break
November 23 & 24	Thanksgiving Break
December 22	End of Fall Session – Report Card
December 25 – January 5	Christmas Break

Spring Session

January 8	First Day of Spring Session
January 15	Martin Luther King Jr. Holiday
February 19	Great Americans Day Holiday
March 23	Progress Report
March 26 – March 30	Spring Break
May 25	End of Spring Session - Report Card

Summer Session

May 28	Memorial Day Holiday
May 29	First Day of Summer Session
July 2 – July 6	Summer Break
July (Date to TBA)	Preschool Graduation

Stepping Stones Learning Schools

6155 Guion Road, Suite B, Indianapolis IN 46254

School Line: 317-347-1049 Director Line: 317-476-2176

2017-2018 Year-Round School Calendar

August '17						
Su	M	Tu	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

September '17						
Su	M	Tu	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

October '17						
Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

November '17						
Su	M	Tu	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

December '17						
Su	M	Tu	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

January '18						
Su	M	Tu	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February '18						
Su	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28			

March '18						
Su	M	Tu	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

April '18						
Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

May '18						
Su	M	Tu	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

June '18						
Su	M	Tu	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

July '18						
Su	M	Tu	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

School Closings

First & Last Day Of School

Monthly Payments Due

Tuition Free Week Can Be Used (3 per school year)



DAILY SCHEDULE

- **School Day Begins at 9:00am**
- **Dr. Note or Late Pass Only after 9:15**
- **School Day Ends at 3:00pm**

6:00am – 9:00am	Crystal Care – Before Care
7:30am – 8:30am	Breakfast
9:00am - 9:15am	Morning Fundamentals (Prayer, Pledge, Recitation, Let's Get Moving)
9:15am - 11:00am	Curriculum Instruction
11:00am – 11:20am	Indoor Free Play
11:20am – 11:30am	Hand Washing Period
11:30am - 12:00pm	Lunch & Restroom Break
12:00pm – 2:00pm	Nap Time & Relaxation
2:00pm – 2:30pm	Hand Washing Period & Restroom Break
2:30pm – 4:30pm	Afternoon Snack
3:00pm – 6:00pm	Crystal Care – After Care

Stepping Stones Learning Schools

ENROLLMENT APPLICATION

STUDENT INFORMATION

1. First Name _____ M.I. ____ Last Name _____ Date of Birth: ____/____/____ Age: ____
2. First Name _____ M.I. ____ Last Name _____ Date of Birth: ____/____/____ Age: ____
3. First Name _____ M.I. ____ Last Name _____ Date of Birth: ____/____/____ Age: ____
4. First Name _____ M.I. ____ Last Name _____ Date of Birth: ____/____/____ Age: ____

Expected Start Date ____/____/____

PARENT INFORMATION

Mother's Name/Guardian _____

Home Address _____

City _____ State _____ Zip _____

Cell Phone () _____ - _____

Place of Employment/School _____

Work Address _____

City _____ State _____ Zip _____

Work Phone () _____ - _____

Work Hours _____ am/pm - _____ am/pm

Email Address _____ **(REQUIRED)**

Father's Name/Guardian _____

Home Address _____

City _____ State _____ Zip _____

Cell Phone () _____ - _____

Place of Employment/School _____

Work Address _____

City _____ State _____ Zip _____

Work Phone () _____ - _____

Work Hours _____ am/pm - _____ am/pm

Email Address _____ **(REQUIRED)**

Stepping Stones Learning Schools

EMERGENCY INFORMATION AND CONSENT FORM

EMERGENCY CONTACT

In the event that you cannot be reached, please specify an alternate contact that has permission to act on your behalf in the event of an emergency:

Name _____ Relationship _____ Phone _____

Signature of Parent Authorizing Emergency Contact _____ / _____ / _____
Date

EMERGENCY MEDICAL INFORMATION

Insurance Plan: _____

ID #: _____

Name of Parent with Coverage: _____

SPECIAL CONDITIONS, DISABILITIES, ALLERGIES, OR MEDICAL EMERGENCY INFORMATION:

PREFERRED SOURCES OF MEDICAL CARE

Physician's Name: _____

Address: _____

Phone: _____

Hospital Name: _____

Phone: _____

PARENT/GUARDIAN CONSENT AND AGREEMENT FOR EMERGENCIES

As parent/guardian:

- I consent to have my child receive first aid by the facility staff, and if necessary, be transported to receive emergency care.
- I understand that I will be responsible for all charges not covered by insurance.
- I give consent for the emergency contact person listed above to act on my behalf until I am available.
- I agree to review and update this information whenever a change occurs and at least every six (6) months.

Parent Signature _____ Printed Name _____ / _____ / _____
Date

BEFORE & AFTER CARE STUDENTS

Name of School _____

School District _____

School Phone () _____ - _____

School Hours _____ to _____

Bus Rider – Pick Up Time _____ Bus Rider - Drop Off Time _____

Are you requesting SSSL Transportation Yes No If so, please select a time: Morning Afternoon

AUTHORIZED PERSONS INFORMATION (up to four persons)

To ensure the safety of your child, please list all authorized adults that your child may be released to:

Name _____

Relationship to Child _____

Phone () _____ - _____

Name _____

Relationship to Child _____

Phone () _____ - _____

Name _____

Relationship to Child _____

Phone () _____ - _____

Name _____

Relationship to Child _____

Phone () _____ - _____

****Please note:** Your child will not be released to any individual that is not listed above. In addition, Authorized Persons must provide proof of identification even if the individual's name appears above. Please understand, for security reasons, this rule will be strictly enforced.

****SSLS** is required to release children to parents that are listed on the child's birth certificate unless there is an active court order preventing the parent from visitation. Please make sure there is a copy of an order on file with the school office.

Signature of Parent Authorizing Above Persons

_____/_____/_____
Date

Stepping Stones Learning Schools

TRANSPORTATION & FIELD TRIP PERMISSION FORM

Date: ____/____/____

I hereby give **Stepping Stones Learning Schools** permission to take

_____ off the premises and on excursions that will occur
(Name of Child)

during regular school hours from 6am to 6pm.

I understand that:

*My student may be transported by a staff member of SSLS or by a 3rd party administrator transportation company.

*I will be notified of any such trips one week in advance and will be required to pay a Field Trip Fee in order for my student to attend

*Trips will be supervised by SSLS staff and optional parent chaperones that have undergone a criminal background check, TB test, and recent drug test

*All precautions will be made for the monitoring, safety, and well-being of my child

*Elementary Students: My student will be picked up from school and transported to SSLS

*Stepping Stones Learning Schools will not be liable for any accident or injury

Are there any activities that you do not wish for your child to participate? If so, please list, if not please enter N/A.

Signature of Parent

Printed Name

____/____/____
Date

Stepping Stones Learning Schools

DISCIPLINE POLICY

SSLS Staff:

- Expects students to respect others, respect the environment, and respect themselves by following the three pillars of SSLS: **RESPECT, BEST ABILITY, and COMPASSION**
- Will contact parents to discuss the behavior by phone, in person, or in writing
- Will work with parents/guardians of children to determine the cause of misbehavior and handle this type of behavior in a positive manner by implementing a behavior management plan to correct negative behavior
- Will use strategies that allow the student to take responsibility for his/her actions
- Focus on teaching student appropriate behavior by interacting socially and continually reinforcing the rules of the school

The following behavior will not be tolerated:

- Hitting, kicking, biting, spitting, hostile verbal behavior, and other behaviors that cause injury to another student
- Multiple occurrences of negative behavior will result in expulsion from the school. We will assist you to the best of our ability to help find other suitable arrangements if an intervention cannot be made to warrant successful and healthy behavior.
- Physical punishment or abusive verbal punishment will not be used nor tolerated by any member of SSLS Preschool staff
- Cruel, harsh, or unusual punishment as well as the withdrawal or the threat of withdrawal of scheduled meals, snacks, rest, or bathroom opportunities is prohibited

Please discuss these rules with your child and sign below as your acknowledgement of the Discipline Policy for SSLS.

Signature of Parent

Printed Name of Parent

____/____/____
Date

Thank you in advance for your cooperation and assistance!

Stepping Stones Learning Schools

Drug and Alcohol Policy Statement for Staff, Parents, and Volunteers



It is the policy of **Stepping Stones Learning Schools** to prohibit the use of tobacco, alcohol, illegal drugs, or a potentially toxic substance (used for purposes other than those intended by the manufacturer) in our schools.

Parents, staff, and visitors must dispose of tobacco products in an appropriate receptacle prior to entering the school. **Any person failing to comply with this policy will be asked to leave and will be immediately banned from the premises.**

All staff and volunteers will refrain from using or possessing illegal substances while employed at SSLS . **Any person suspected of non-compliance with this policy will be asked to leave and immediately terminated from employment.**

In an effort to maintain a safe and healthy environment for our students, any parent or authorized person who appears to be intoxicated or otherwise impaired while arriving to pick up a student from school will be asked to **call someone else who is capable of providing safe transportation.**

Non-compliance of this policy will result in SSLS contacting the appropriate authorities for assistance if necessary.

Thank you for cooperation in fostering a positive school environment for the staff and students of SSLS.

I have read the above policy and agree to the terms and conditions of this policy.

_____/_____/_____
Signature of Parent or Staff Member Date

Printed Name of Parent or Staff Member

Stepping Stones Learning Schools

Child Abuse & Neglect Reporting Policy

All staff members of Stepping Stones Learning Schools administration shall immediately report suspected physical abuse, sexual abuse, child neglect, or child exploitation to the Director of SSLS. The Director will immediately report such information as required by IC 31-6-11-3 to child protection services (CPS) or local law enforcement.

Mother/Guardian's Signature	Date
Father/Guardian's Signature	Date
SSLS Staff Member	Date
SSLS Representative	Date

Stepping Stones Learning Schools

PERMISSION TO PHOTOGRAPH

I give **STEPPING STONES LEARNING SCHOOLS** permission to photograph my child

(Child's name)

(Child's name)

(Child's name)

(Child's name)

For the following purposes:

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display on school bulletin boards, show to current and prospective parents		
Display still photos on school website/social media		
Videos:		
Show to current or prospective parents		
Display videos on school website		

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signature of Parent

____/____/____
Date

Stepping Stones Learning Schools

STATEMENT OF UNDERSTANDING & CONTRACTUAL AGREEMENT

- I am contracting for () **2017-2018 school year (August 7 2017-May 25 2018)**.
- The **Family Registration Fee** is non-refundable is and valid for 2 weeks from date paid.
- A **copy** of each child's **Birth Certificate and Immunization Record** is required at the time of enrollment.
- I understand the **Tuition Payment Policy** specifically: Payments are due on Fridays by 9am or on monthly payment due dates in advance via credit card or cash. Payments not received on time will incur \$10.00 a day late fee. Money orders and personal checks are not accepted.

I will make my payments: Weekly Bi-Weekly Monthly

- I understand that each parent is contracted for 10 hours per day. **My Contracted Hours** are ___: ___ to ___: ___.
- I understand that I am required to contract for Overtime Care if I need more than 10 hours or need care after 6pm at an additional rate of \$10.00 per week per student. Please check contracting for Over Time Care
- I understand the **Overtime/Late Pick-Up Policy** is \$10.00 for the first minute, \$1.00 per minute thereafter until child is picked up due by the next business day.
- I understand the 9:15 am **Admittance Policy**.
- I understand the **Illness & Communicable Disease/Virus Policy**.
- I understand the **Inclement Weather Policy**.
- I understand the **Authorized Persons Pick-Up Policy**.
- I understand the **SSLS Tuition Free Weeks Policy & Paid Break Policy**.
- I understand the **Discipline Policy** and have shared the rules with my family.
- I understand the **Transportation/Field Trip/Summer Activity Fee Policy**.
- I understand the **Withdrawal/Termination Policy** in that a Two Weeks Notice must be submitted via email to terminate this Agreement or change the status of your enrollment.

I have read, understand, and agree to abide by the policies contained on this form and in the parent handbook. I further understand that any form of failure to comply with the terms set forth in this Agreement may, at Director's discretion, result in immediate termination of Child's enrollment. Any unpaid balances will be due and will be enforced through legal action to obtain any balance if necessary.

The parties below have executed this Agreement as of the date and year written below and will remain in effect until enrollment has been legally terminated or until the end of the school year on May 30, 2014, whichever comes first.

Parent/Guardian's Signature	Date
Parent/Guardian's Signature	Date
Stepping Stones Learning Schools Representative	Date

Stepping Stones Learning Schools

Scholarship Information Form 2017-2018

Stepping Stones Learning Schools (SSLS) values and supports families. We are pleased to offer low income working families a comprehensive scholarship program. Scholarship applications and documentation are kept strictly confidential.

SCHOLARSHIP CRITERIA

Scholarships will be awarded will be based on the following criteria:

1. Scholarship funds are available for full-time preschool program students only. Three Day, Half Day, & Crystal Care students are ineligible.
2. Parent is required to be employed to be eligible.
3. Awards will cover the current academic school year (August-May) at a reduced rate of \$75.00 per student
4. Families will not be eligible for any other discounts or Tuition Free Weeks
5. Tuition must be paid weekly, biweekly, or monthly **on time** or scholarship rate is forfeited
6. Eligible scholarship families with more than one eligible preschool child may be awarded a scholarship for each eligible child in the family
7. Scholarship recipients are required to pay Student Enrollment Fees and any other applicable fees listed in the Parent Handbook
8. Financial aid will only be applied to the regular weekly tuition, is not transferable, cannot be used for fees, or refunded.
9. The family's size and annual gross income is based on the following income guidelines:

Family Size Monthly Gross Income Not to Exceed:

- 2 - \$11600.00 \$13,920 annually
- 3 - \$1700.00 \$20,400 annually
- 4 - \$2100.00 \$25,200 annually
- 5 - \$2500.00 \$30,000 annually
- 6 - \$2900.00 \$34,800 annually

(For each additional family member, add \$400.00)

REQUIRED APPLICATION DOCUMENTS

1. SSLS Enrollment Application
2. Scholarship Application
3. Birth Certificates for All Children in Household
4. Immunization Records for Enrolled Students
6. Proof of Income for All Adults in Household – Payroll Stubs (within 30 days of date of application)

SCHOLARSHIP APPLICATION SUBMISSION

1. Application Must be Signed & Completed Entirely
2. Submit Completed Applications In Person to Stepping Stones Learning Schools, 6155 Guion Road, Suite B, Indianapolis, IN 46254
3. Faxed or Emailed Applications Are Not Permitted. Incomplete Applications will not be denied.

Stepping Stones Learning Schools

Scholarship Application 2017-2018

The information on this application will be used to evaluate your scholarship request. Please add any information you feel may be helpful in considering your request. Approval is based on financial need, the number of qualified applicants, and the availability of scholarship funds. Scholarship applications are kept strictly confidential and are reviewed solely by the director of Stepping Stones Learning Schools.

HOW MANY SCHOLARSHIPS ARE YOU APPLYING FOR? 1 2 3 4 5

TOTAL FAMILY SIZE, INCLUDING ADULTS AND CHILDREN (#): _____

CHILD INFORMATION – Please list ALL children in your household

- 1. First Name _____ M.I. ____ Last Name _____ Date of Birth: ____/____/____ Age: ____
- 2. First Name _____ M.I. ____ Last Name _____ Date of Birth: ____/____/____ Age: ____
- 3. First Name _____ M.I. ____ Last Name _____ Date of Birth: ____/____/____ Age: ____
- 4. First Name _____ M.I. ____ Last Name _____ Date of Birth: ____/____/____ Age: ____
- 5. First Name _____ M.I. ____ Last Name _____ Date of Birth: ____/____/____ Age: ____
- 6. First Name _____ M.I. ____ Last Name _____ Date of Birth: ____/____/____ Age: ____

PARENT INFORMATION

Adult #1 – First & Last Name: _____

Home Address _____

Cell Phone (_____) _____ - _____

Place of Employment/School _____

Work Phone (_____) _____ - _____

Email Address _____

Monthly Income: \$ _____ Source of Income: _____

Adult #2 – First & Last Name: _____

Home Address _____

Cell Phone (_____) _____ - _____

Place of Employment/School _____

Work Phone (_____) _____ - _____

Email Address _____

Monthly Income: \$ _____ Source of Income: _____

The information provided above is accurate to the best of my knowledge. I understand that I may be required to provide additional information by the Director for verification purposes. Any information found to be fraudulent will be grounds for disqualification and withdrawal from Stepping Stones Learning Schools. In addition, I have reviewed and agree to the terms set forth on the Scholarship Information Form.

Signature of Parent/Guardian _____ Date _____

QUESTIONS:

Director: Temicka Moore
Phone: (317) 476-2176
Email: director@sslschools.com