

Stepping Stones Learning Schools Summer Session



"Educating Young Minds One Step At A Time"

School Information

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

Hours: Monday – Friday 6:00am-6:30pm

Phone: (317) 347-1049

Fax: (317) 347-1059

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 is a Christian private school under the jurisdiction of the Indiana Department of Education.

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PARENT HANDBOOK

Enrollment Process

Stepping Stones Learning Schools is delighted that you are interested in our summer session program. Summer Session begins on **May 29, 2018 and ends on August 3, 2018**. The following steps will need to be completed in order to secure your family in our program:

- **Age 2 1/2 - Age 12**
- **Summer Activity Fee - \$50 per family (non-refundable)**
- **Weekly Rate - \$100.00 per child/\$75.00 for siblings**
- **Enrollment Packet**
- **Birth Certificate for All Children (copy)**
- **Immunization Records (copy)**

Payment Policy

- **Payment Options**
 - **Weekly** 1 week in advance - \$100.00 (\$75.00 siblings)
 - **Bi-weekly** 2 weeks in advance - \$2000.00
 - **Monthly** May 25th - \$500.00
June 22rd - \$400.00
 - **Extended Care** Until 630pm – Additional \$10.00 per week per family
- **Payments:** All payments are due on **Friday Mornings by 9am**. online via the Smart Care App. Cash, Money Orders, and Checks are not accepted.
- **Late Fees** - Payments received after 9am on your payment due date will incur a \$50.00 day late fee. Late payments and fees not paid by the following Thursday will result in the student being suspended from our program until balance is paid unless payment arrangements have been approved by the Director.
- **Tuition/Attendance Policy** – Summer Session 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, absences for any reason, or closings for summer vacations. **Summer Session 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 via email. A registration fee will be due to reinstate enrollment once a 2 Week Notice has been submitted to re-register.
- **Summer Vacation** - SSLS will be **closed July 2 – July 6, 2018** for summer vacation. Tuition is required to be paid for this closing for preschool students. Summer Camp students (age 6-12) are not required to pay for this closing.

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Activity Fee

All parents are required to pay a summer activity fee of \$50.00 per family. This fee will be used for meals (breakfast, lunch, and snacks), arts and crafts, and onsite activities.

Field Trips & Fees

Parents will be given a summer activity calendar on the first day of summer session detailing daily activities and outings and will be notified of any changes to the calendar via email or newsletter. **All parents will be required to pay \$10.00 per student for any field trip that is scheduled if you wish for your student to attend.**

Parents as Chaperones

Parents are always welcome to serve as Chaperone's for any of our field trips. The approval process can take approximately 5 business days to complete and is at the expense of the parent. Please submit the following documents to become an approved chaperone in a sealed envelope to the attention of the Director:

- State Background Check from City County Building
- Drug Test (dated on or after May 30)
- TB Test (dated on or after May 30)
- Parents are required to transport themselves to and from field trips

Admittance Policy

All students are required to be in attendance by 900am. Students will not be permitted to attend after 9am unless a signed doctor's note is provided

Overtime/Late Pick Up Policy

Parents shall have a five (5) minute grace period beyond their contracted time. A \$50.00 late pick up fee will be assessed after the grace period has expired. Late Pick Up Fees are required to be paid the following business day unless other arrangements have been made with the Director. Every parent is contracted for 10 set hours per day. For example, if your work schedule is 8am-5pm, your contracted hours would be 7:30am-5:30pm. You are welcome to contract for Extended Care, which allows you to be contracted from 6:00am-6:30pm, Monday-Friday, for an additional fee of \$10.00 per week

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). Parents must notify SLS 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.

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Illness Policy

Ill Child - In the event that a student becomes ill while at 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 and may not return to school the following day. 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 such as Ringworms, Head Foot & Mouth Disease, Chicken Pox, Measles, Bed Bugs, Head Lice, Common Cold & Flu Viruses, and all other communicable diseases are contagious to other students and staff. Any student that has been diagnosed with a communicable disease will be required to be picked up from session may not attend for a period of 1 to 5 days depending on the diagnoses and recommendation of the student's pediatrician.

Withdrawal/Termination Policy

Should you choose to withdraw your enrollment from Stepping Stones Learning Schools for any reason, you will be required to submit a **Two-Week Notice Form**. You will be responsible for paying tuition for those two weeks unless your two weeks have been paid in advance. If a two-week's notice is not given, you will be responsible for two weeks of tuition enforceable by legal action if not paid within five (5) business days.

The Director reserves the right to expel or suspend a student **at anytime for any reason** but not limited to child behavior, untimely payments, late pick-up's, rude or disrespectful behavior on part of a parent or authorized person that is threatening or physical in any manner to any of Stepping Stones Learning Schools staff, students, or property.

Open Door Policy

SSLS encourages parental involvement and feedback as it is critical to the success of all students. Therefore, we believe that it is essential that parents have open access 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 and from the observation windows. 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.

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Registration Forms

STUDENT INFORMATION

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

Expected Start Date ____/____/____

PARENT INFORMATION

Mother's Name/Guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone () _____ - _____

Cell Phone () _____ - _____

Email Address _____ **(REQUIRED)**

Place of Employment/School _____

Work or School Address _____

City _____ State _____ Zip _____

Work Phone () _____ - _____

Work Hours _____ am/pm - _____ am/pm

Father's Name/Guardian _____

Mother's Name/Guardian _____

Home Address _____

City _____ State _____ Zip _____

Home Phone () _____ - _____

Cell Phone () _____ - _____

Email Address _____ **(REQUIRED)**

Place of Employment/School _____

Work or School Address _____

City _____ State _____ Zip _____

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Work Phone () _____ - _____

Work Hours _____ am/pm - _____ am/pm

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.**

Signature of Parent Authorizing Above Persons

_____/_____/_____
Date

EMERGENCY INFORMATION AND CONSENT FORM

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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

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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.

I understand that I will be:

*Notified of any such trips beforehand

*Trips will be supervised

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

*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

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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 students appropriate behavior by interacting socially and continually reinforcing the rules of the school
- Adheres to the State of Indiana "Time Out" rules for correcting behaviors which states that a child can only be placed in "Time Out" one minute per each year of age (5 years old= 5 minutes)

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 this 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 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!

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



DRUGS

ALCOHOL

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

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Child Abuse 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 Director	Date

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PERMISSION TO PHOTOGRAPH

I give permission for **STEPPING STONES LEARNING SCHOOLS**

to photograph my child, _____.

(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		
Videos:		
Show to current or prospective parents		

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

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STATEMENT OF UNDERSTANDING

The **Summer Activity Fee** is per family and non-refundable.

A copy of each child's **Birth Certificate and Immunization Records** is required at the time of enrollment.

I understand the **Tuition Payment Policy** specifically: payments are due on Fridays by 9am or the monthly due date in advance for summer session services. Payments not received on Friday by 9am 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 (May 26, June 23)** **One Time Payment**

My **Contracted Hours** are ___:___ to ___:___. Each parent is contracted for 10 hours of care. If you need Overtime Care (over 10 hours of care per day or care after 6pm for an additional \$10 per week) please check this box

I am contracting for **Summer Session only**.

Overtime/Late Pick-Up Policy is \$10.00 for first minute, \$1.00 per minute thereafter due the next business day.

I understand the 9:00am **Admittance Policy**.

I understand the **Illness Policy**.

I understand that I will be responsible for finding **Back-Up Care** when Stepping Stones Learning Schools is closed.

I understand the **Authorized Persons Pick-Up Policy** for anyone other than parents.

I understand the **Discipline Policy** and have shared the rules with my family.

I understand the **Field Trip/Summer Activity Fee Policy**.

I understand the **Withdrawal/Termination Policy** by both parties.

I have read, understand, and agree to abide by the policies contained on this form. I further understand that if the policies outlined are not adhered to, it would be sufficient cause for the removal of my student (s) from Stepping Stones Learning Schools.

Mother/Guardian's Signature	Date
Father/Guardian's Signature	Date
Stepping Stones Learning Schools	Date