



Stepping Stones Children's Center

www.stepstonescc.org

The Children's Center & Administrative Offices (724) 625-2199
712 Warrendale Road, Gibsonia, PA 15044

schoolage@stepstonescc.org (School Age Coordinator)

registration@stepstonescc.org (Registration)

familyaccounts@stepstonescc.org (Family Accounts Manager)

Richland (724) 321-8554 Hance (724) 321-8552 Wexford (724) 321-8556 Eden Hall (724) 553-6707

Pine-Richland Kindergarten LEAP Program 2020-2021

Please check off completed paperwork, sign, date, and email to
registration@stepstonescc.org or mail to above address:

- Registration Form
- \$50.00 Annual Registration Fee (non-refundable)
- Emergency Contact/Parental Consent Form (**please fill in ALL spaces, sign and date**)
- Child Health Report (Signed by a physician)
 - o **MUST** be 5 YEAR OLD Report
 - o **School-Age Health Reports must be received by the Children's Center prior to the first day of school.** See attached forms.
- Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19.
- Child Survey
 - o *Help your child's Site Director and other Stepping Stones staff to know your child by completing this short survey.*
- Income eligibility form (*even if not eligible*)
- Agreement form signed and dated (**to be distributed after the above forms are returned to the Administrative Office**).
- Child Care Food Program Sheet sign and date (**to be distributed with Agreement Form**)

I understand that my registration will not be complete and my child will not be considered enrolled until all forms are completed, signed and submitted to Stepping Stones Administrative Office and I have received a confirmation email from Stepping Stones.

Parent or Legal Guardian Signature

Date



Stepping Stones

Children's Center www.stepstonescc.org

Pine Richland

Kindergarten LEAP Program 2021 Tuition Schedule

Effective January 2021-June 30, 2021

Care Provided	# Days	Discounted Tuition Rate (paid on/before 1 st of the month)	Regular Tuition Rate (paid after 1 st of the month)
LEAP Program Only			
Monthly Rates	2	\$238.00	\$251.00
	3	\$356.00	\$375.00
	4	\$475.00	\$502.00
Extra Day \$30.00 As Needed \$52.00	5	\$597.00	\$629.00
LEAP Plus			
Stepping Stones Before OR After School Monthly Rates	2	\$344.00	\$363.00
	3	\$518.00	\$545.00
	4	\$689.00	\$725.00
Extra Day \$44.00 As Needed \$70.00	5	\$862.00	\$908.00
LEAP Plus			
Stepping Stones Before AND After School Monthly Rates	2	\$383.00	\$404.00
	3	\$573.00	\$603.00
	4	\$767.00	\$806.00
Extra Day \$50.00 As Needed \$86.00	5	\$955.00	\$1,005.00

Discounts and Rates

- The Discount Rate applies to tuition payments **received on or before the 1st of the month.**
- The Regular Rate applies to tuition payments **received between the 2nd and 10th of the month.**
- A late fee of **\$10.00** will be applied to all accounts not paid by the 10th of each month.
- After the 10th of the month, if tuition has not been paid, childcare services may be withheld until payment is received or payment arrangements made.
- Sibling Discount: A 10% off discount on tuition for older sibling(s) is valid for children enrolled in any Stepping Stones program, excluding School-Age Summer Camp.
- Because program expenses for center programs are consistent even when your child misses time due to illness, vacation, etc., **we cannot extend tuition credit or reschedule missed days.** To compensate for this fact, we build in a 1/2 day per month missed time factor by basing fees on a 4 week, 20 day month. **How to Pay**
- Please make checks payable to Stepping Stones Children's Center. Checks can be given to a staff member at your child's program or mailed to: Stepping Stones Children's Center, 712 Warrendale Road, Gibsonia PA 15044
- Pay online using myprocare (directions on how to log on attached). Monthly statements will be emailed mid-month.
- \$5.00 credit care fee applies to all credit card transactions.**
- A \$35.00 charge will be assessed for each check returned due to non-sufficient funds.
- Checks/Payments may NOT be placed in your child's folder or backpack.

Tuition/Program Policies

- Tuition for the first days of school in August and the last day of school in June may be at a fixed rate and no discounts may apply. Invoices for these days will go out after the services have been rendered.
- \$50.00 Annual Registration Fee (non-refundable)
- Late Pick-Up**: Stepping Stones closes at 6:30 PM. If picking your child up after 6:30 PM becomes the routine rather than the exception, a late fee of \$20.00 per half hour or fraction thereof, will be charged. This fee is to be paid before your child returns to the facility. (Please refer to the Parent Handbook for complete Late Pick-Up Policy details).
- Extra days of care are available, space permitting, with prior notification.
- Tuition for after school includes an afternoon snack. Breakfast and an afternoon snack are provided on In-service days, Holidays, and snow days.
- A two-week notice of child withdrawal is required to suspend billing and receive a refund for unused services.
- Center is closed and care will not be provided for the following holidays:**

Independence Day	7/3/20	New Year Holiday	1/1/21
Labor Day	9/7/20	*Martin Luther King Jr.	1/18/2021
Thanksgiving	11/26/20 + 11/27/20	Spring Break	4/2/21
Winter Break	12/24/20 + 12/25/20	Memorial Day	5/31/21

- Center is closed and care will not be provided for the following holidays:**

**Professional Development Days for Staff*



Stepping Stones

Children's Center www.stepstonescc.org

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Pine-Richland Kindergarten LEAP (Learning Extensions and Play) Registration Form 2020-2021

Name of Child _____ Date of Birth ____/____/____ Grade _____

Parent(s) Name(s) _____ Phone Number _____

Address _____

MyProcure/Billing E-mail address _____ Race (optional) _____

Classroom E-mail address _____ (for non-discrimination compliance reporting)

Languages other than English spoken at home _____ Translator needed: YES NO

School (please check one):

Hance

Richland

Wexford

(All programs held within the school unless noted)

Kindergarten Session Requested with School District: AM _____ PM _____

First Day of Attendance _____ Approx. Arrival and Departure Time: AM _____ PM _____

Program:

Please **check** all services that apply as well as **circle** days of the week for your child care needs:

Please note there is a two-day minimum enrollment unless registering "As Needed"

(All parents are required to inform their child's school office and teacher in writing of the following schedule.)

My child will attend the **STEPPING STONES BEFORE SCHOOL PROGRAM:** (From 6:30am until the start of the school day)

Monday Tuesday Wednesday Thursday Friday As Needed

My child will attend the **AM Stepping Stones KINDERGARTEN LEAP PROGRAM:** (From start of school until PM Kindergarten begins)

Monday Tuesday Wednesday Thursday Friday As Needed

My child will attend the **PM Stepping Stones KINDERGARTEN LEAP PROGRAM:** (From end of AM Kindergarten to the end of school day)

Monday Tuesday Wednesday Thursday Friday As Needed

My child will attend the **STEPPING STONES AFTER SCHOOL PROGRAM:** (From the end of the school day until 6:30pm)

Monday Tuesday Wednesday Thursday Friday As Needed

Photograph Permissions:

I give Stepping Stones permission to use my child's image (no names) on the following: (check all that apply):

Website (www.stepstonescc.org) Social Media

Class Dojo

Classroom

Administrative Staff ONLY:			
	Coordinator		Check #
	Billing		Subsidized
	Processing		Received

Parent or Legal Guardian Signature

***\$50.00 registration fee required with this form.**



Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Stepping Stones Children's Center (Stepping Stones) has put in place preventative measures to reduce the spread of COVID-19; however, Stepping Stones cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending Stepping Stones could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Stepping Stones and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Stepping Stones may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Stepping Stones' employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at Stepping Stones or participation in Stepping Stones programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Stepping Stones, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Stepping Stones, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any Stepping Stones program.

Signature of Parent/Guardian

Date

Print name of Parent/Guardian

Child(ren's) name(s)

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3280.124 (a)(b), 3280.181 & 182; 3290.181 & 182

CHILD'S NAME		BIRTHDATE
ADDRESS		
PARENT/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		CELL PHONE NUMBER
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
BUSINESS ADDRESS	EMAIL ADDRESS	
PARENT/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		CELL PHONE NUMBER
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
BUSINESS ADDRESS	EMAIL ADDRESS	
EMERGENCY CONTACT PERSON(S)		TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	ADDRESS	TELEPHONE NUMBER
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT - PLEASE SIGN OR INDICATE "NO"		
OBTAINING EMERGENCY MEDICAL CARE <small>Including calling an ambulance</small>	ADMINISTRATION OF MINOR FIRST - AID PROCEDURES <small>Includes Bandages, Ice Packs, CPR, Hand Sanitizer</small>	
WALKS AND TRIPS <small>Includes going to the playground</small>	SWIMMING	
TRANSPORTATION BY THE FACULTY <small>Includes Field Trips/Emergency Evacuation</small>	WADING	

SIGNATURE OF PARENT OR GUARDIAN

DATE

Periodic Review

SIGNATURE OF PARENT OR GUARDIAN

DATE

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME: Stepping Stones Children's Center		
FACILITY PHONE: (724) 625-2199 - Administrative Office	COUNTY:	
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		WORK PHONE:
PARENT'S SIGNATURE:		

Parents may write immunization dates; health professional should verify and complete all data.

DO NOT OMIT ANY INFORMATION						
This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.						
HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY): O NONE						
DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY. O NONE						
CHILD'S ALLERGIES (DESCRIBE, IF ANY): O NONE						
LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES. O NONE						
IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES? O YES O NO IF NO, PLEASE EXPLAIN YOUR ANSWER:						
HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? SCHEDULE AT WWW.AAP.ORG			NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.			
(SEE _____)			VISION (subjective until age 3)			
O YES O NO			HEARING (subjective until age 4)			
			LEAD			
RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD						
IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						
MEDICAL CARE PROVIDER:				SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT		
ADDRESS:						
				PHONE:		TITLE:
				LICENSE NUMBER:		DATE FORM SIGNED:

Child Survey

(This form will go to the Site Director(s) of your child's school)

2020-2021

Child's Name _____ Date of Birth ____/____/____

Parent/Guardian's Name(s) _____

Address _____

First Contact Phone Number _____ Grade _____ Age _____

(The number you would like us to call first in the event we need to get a hold of you)

What does your child like to be called (i.e. nickname)? _____

Care Needed

Before School

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

After School

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Does your child have an IEP or any special needs?

Does your child have any medical or dietary restrictions/allergies?

What activities does your child enjoy doing the most?

What techniques are effective when your child is upset?

Does your child have any concerns/fears about entering this program?

Please give us any other information that you feel would be helpful for us to know about your child.

Parent/Legal Guardian Signature

Date

CACFP Meal Benefit Income Eligibility (Child Care)

Complete one application per household. Please use a pen (not a pencil).

APPLY ONLINE:

Insert URL Here

STEP 1 List ALL children in day care (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of **Homeless, Migrant** or **Runaway** are eligible for free meals.

Child's First Name	MI	Child's Last Name

Foster Child	Migrant	Runaway	Homeless	Head Start
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

IF NO > Go to STEP 3 **IF YES >** Write case number here and proceed to STEP 4 (do not complete STEP 3)

CASE NUMBER:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with All Adult Household Members section.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income

How often? Weekly Bi-Weekly Monthly Bi-Monthly

B. All Adult Household Members (Including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and last)	Earnings from Work	How often?				Welfare/Child Support/Alimony	Pensions/Retirement/Social Security/SSI/VA Benefits	How often?			
		Weekly	Bi-Weekly	Monthly	2x Month			Weekly	Bi-Weekly	Monthly	2x Month
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member Check if no SSN

STEP 4 Contact information and adult signature. MAIL COMPLETED FORM TO YOUR SCHOOL AT:

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name of Adult Signing the Form	Signature of Adult	Today's Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State Zip Phone/Email

Source of Income for Children	
Sources of Child Income	Examples
Earnings from work	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages
Social Security - Disability Payments - Survivors Benefits	<ul style="list-style-type: none"> A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits
Income from person outside of household	<ul style="list-style-type: none"> A friend or extended family member regularly gives a child spending money
Income from any other source	<ul style="list-style-type: none"> A child receives regular income from a private pension fund, annuity, or trust

Source of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All other sources of income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> Unemployment benefits Workers compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans benefits Strike benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

OPTIONAL Children's Ethnic and Racial Identities (Optional)

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

MAIL*: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (202) 690-7442; or
EMAIL: program.intake@usda.gov.

This institution is an equal opportunity provider.

***Only use this address if you are filing a complaint of discrimination.**

DO NOT FILL OUT For official use only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income	How often?	Household size	Categorial Eligibility <input type="checkbox"/>	Eligibility																	
<input type="text"/>	<table border="1"> <tr> <td>Weekly</td> <td>Bi-Weekly</td> <td>Monthly</td> <td>2x Month</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	Weekly	Bi-Weekly	Monthly	2x Month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>	<table border="1"> <tr> <td>Free</td> <td>Reduced</td> <td>Denied</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	Free	Reduced	Denied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Weekly	Bi-Weekly	Monthly	2x Month																		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
Free	Reduced	Denied																			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																			
Determining Official's Signature	Date	Confirming Official's Signature	Date	Follow-up Official's Signature	Date																



Dear parent/guardian,

Stepping Stones Children's Center is pleased to offer **MyProcare**, a free online portal for you to access account information and easily pay tuition. MyProcare is safe, secure and created with your convenience in mind.

Log in today!

1. Go to MyProcare.com.
2. Enter your email address provided at time of registration and choose **Secure Login**.
3. Enter the confirmation code sent to your email, choose a password, and press **Submit**.
4. Then you may:
 - a. View your child's account information.
 - b. Use the **Pay** button to make a payment with your card. \$5.00 fee applies.

Please email Melanie Good at familyaccounts@stepstonescc.org with any questions or concerns.

Thank you!
Stepping Stones Children's Center



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize **Stepping Stones Children's Center** to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Stepping Stones Children's Center accepts Master Card and Visa. There is a \$5.00 fee for each credit card transaction.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

_____		_____	
Cardholder Name		Phone #	
_____		_____	_____
Cardholder Address		City	State Zip
_____		_____	
Account Number		Expiration Date	
_____		_____	
Cardholder Signature		Date	

SECTION B (Bank Account)

_____		_____	
Your Name		Phone #	
_____		_____	_____
Address		City	State Zip
_____		_____	
Bank or Credit Union Name	Bank or Credit Union Address	City	State Zip
_____		_____	
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
_____		_____	
Authorized Signature		Date	

For Official Use Only

Date Received

Employee Signature



A service of



Recruitment Incentive Program 2020-2021

Realizing that Stepping Stones families are our best advertisers, Stepping Stones Children's Center provides an incentive for referral of new families to our Extended Day Care Program, Kindergarten Care Program and Before/After School-Age Program. A ten percent (10%) discount off one month's tuition will be credited to the account of a family who refers a new family to one of these programs. The discount will be applied to the oldest child's tuition if more than one child is enrolled in our program. The new family must be enrolled for a minimum of three (3) Months for the credit to be awarded. Please return this form to Stepping Stones Children's Center Family Accounts Manager after the new family has attended our program for (3) months to receive your discount.

Recruitment Incentive Program Form

Your Name _____

Your Phone Number _____

Name of Family Referred by You _____

Your Signature and Date _____

Electronic Signature Not Acceptable Must be Original

Office Use Only

Date of Child's Enrollment _____

Program – Ext Day _____ Kindergarten _____ School-Age _____

Please return this form to Stepping Stones Office (712 Warrendale Road, Gibsonia, PA 15044), After the new family has been enrolled for (3) months in our program.