



STEPPING STONE UNIVERSITY PRESCHOOL,

"The Stepping stone into your child's future!"

2018 SUMMER APPLICATION FOR ADMISSION
APPLICATION FOR ADMISSION EFFECTIVE FOR THE SUMMER PROGRAM ONLY AT STEPPING STONE UNIVERSITY PRESCHOOL BEGINNING ON JUNE 18TH 2018- AUGUST 10TH 2018.

Returning students please complete pages 1 & 2 only.

Date _____

Name of Student _____

Date of Birth _____ Female _____ Male _____ Age _____ Place of birth _____

Please check mark the box of the program option you are interested in.

Hours- Toddler & Preschool Full day: 8:30 a.m.-3:30 p.m. Half day:8:30 a.m.-12.00 p.m.

Enrollment Options:
(5 days) M-F (3 days) M, T, W or W, Th, F (2 days) M, T or Th, F
Toddler Program, Ages 18 months- 36 months
Preschool Program, Ages 2 1/2 - 6 years (CHILD MUST BE POTTY TRAINED)

Table with 3 columns: Extended Care Blocks (2 days, 3 days, 5 days) and rows for different time slots (7:30 a.m.-8:30 a.m., 3:30 pm.-4:30 p.m., 4:30 p.m.-5:30 p.m.) with associated monthly fees.

Tuition fees subject to change within 30 days prior notice. By enrolling in the school program, you agree to give the Director thirty days notice prior to withdrawing from the school during the academic school year.

THERE IS NO REDUCTION IN TUITION WHEN A CHILD IS ABSENT, as we must keep his/her placement available. TUITION AND FEES ARE ALL NON-REFUNDABLE.





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***APPLICATION FEE OF \$50.00 IS DUE AT THE TIME OF SUBMITTING THIS APPLICATION.
Please make checks payable to STEPPING STONE UNIVERSITY PRESCHOOL**

FEES DUE AT THE TIME OF ENROLLMENT

Summer Registration Fee: (new student) \$75.00
Summer Registration Fee: (returning student) \$50.00
First Month's Tuition: \$ _____
Total Due: \$ _____

FAMILY INFORMATION

Home Address _____ Zip _____ Phone _____

Mother's Name _____ Cell Number _____

Mother's Address _____

E-Mail _____

Mother's Occupation _____ Employer _____

Mother's Business Address _____

Mother's Business Phone Number _____

Father's Name _____ Cell Number _____

Father's Home Address _____

E-Mail _____

Father's Occupation _____ Employer _____

Father's Business Address _____

Father's Business Phone Number _____

Person responsible for tuition payments _____

Sign _____ Date _____

Child's Physician _____ Phone _____

Address _____

If child does not live with both parents in one household, please answer the following:

Parents are Separated _____ Divorced _____

Who has legal custody? _____

Who has physical custody? _____

Other children in the family: Enrolled at SSUP?

Name _____ Age _____ Yes ___ No ___

Name _____ Age _____ Yes ___ No ___

Name _____ Age _____ Yes ___ No ___





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CHILD'S EDUCATION

Previous Schools/ Daycare Attended

Name of the facility or daycare _____

Address _____

Director/ Owner of Daycare _____

Phone Number _____ Dates Attended _____

Reason for leaving _____

Was your child terminated from the school? Yes ____ No ____

Was there an attempt for resolution prior to your child's dismissal? Yes ____ No ____

If yes, please describe _____

I give Stepping Stone University Preschool my permission to contact the provider above regarding _____.(the applicant) (Initial) _____

I give these providers permission to release information regarding _____ (the applicant) and hold harmless these providers and Stepping Stone University Preschool. (Initial) _____

Does your child have any clinically diagnosed learning differences? Yes ____ No ____

If yes, please list the diagnosis or diagnoses and the date he/she was diagnosed with the learning difference(es) _____

Has your child ever had any psychological counseling? Yes ____ No ____

If yes, please explain on a separate sheet of paper.

(NOTE: it will not become part of the student's permanent record.)

Please use the space provided below for any other pertinent information about your child or family situation (optional).

Questions or concerns regarding the program?

Are you interested in being a room parent? Yes ____ No ____

What skills do you have that could be used to help us at SSUP?

NOTE: Parent volunteers in the classroom (during school hours) and with the children, will need and are required to be TB tested and Livescan fingerprinted. This is for the health and safety for each child at SSUP.





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Tour Date: _____ at _____ : _____.

ADMISSION PROCEDURES

NEW APPLICANTS, PLEASE FOLLOW THESE STEPS

- 1.) SCHEDULE A TOUR OF THE CLASSROOMS
- 2.) TOUR THE DESIRED CLASSROOM, (OPTIONAL) SCHEDULE A "DROP IN" VISIT FOR YOUR CHILD
- 3.) COMPLETE AND SUBMIT APPLICATION FORM AND PAY \$50.00 APPLICATION FEE, PLEASE MAKE CHECK PAYABLE TO: STEPPING STONE UNIVERSITY PRESCHOOL. (Receive Enrollment Packet)
- 4.) FAMILY AND STUDENT INTERVIEW (Bring completed Enrollment Packet)
- 5.) UPON ACCEPTANCE, PLEASE COMPLETE AND RETURN ALL REQUESTED MATERIALS PRIOR TO ENROLLMENT AND PAY THE TUITION & FEES AS LISTED.

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Applicable items must be submitted before an application file is complete.

Factors for acceptance, when applicable, family/student interview, time requested for attendance, and available space in the classroom.

Stepping Stone University Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded to or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its policies, and admission policies.

Submit applicable records to:
Director- Ashtane Bixler
Stepping Stone University Preschool (in person)
880 Manzanita Drive- Room 22
Los Osos, CA. 93402

Questions or concerns please call: (805)752-1086 or e-mail: abixler.ssupreschool@gmail.com

