

STEPPING STONES DAY SCHOOL

Registration Form/Payment Contract

Childs Name: _____ Boy/Girl: _____ Birth Date: _____
Parents Name: _____ Phone Number: _____
Address: _____ E-mail: _____

Please mark the age group and day option for which your child is registering. (Pre-k classes are 5 day option only): (We follow the GCCISD guidelines which state that the child **must** be the correct age as of September 1, 2024)

- Toddlers (12-23 months) 2 Year Olds 3 Year Olds* Pre-K(4 year Olds)*
 2 day (T/TH) 3 day (M/W/F) 5 day

***Your child MUST be Completely potty trained for this class.**

TUITION

Please Mark Desired Schedule. A one-time, non-refundable registration/supply fee of \$150 is due upon registration.

The first installment is due by the first day of school.

Schedule	Total Tuition (T/TH)	Monthly Installment (T/TH)	Total Tuition (M/W/F)	Monthly Installment (M/W/F)	Total Tuition (5 Day)	Monthly Installment (5 Day)
9:00-12:00 (Day School Only)	\$2150	\$215.00	\$3300	\$330.00	\$3950	\$395.00
7:00-12:00 (Day School with A.M. Care)	\$2750	\$275.00	\$3850	\$385.00	\$5050	\$505.00
9:00-3:00 (Day School with P.M. Care)	\$3250	\$325.00	\$4400	\$440.00	\$5550	\$555.00
7:00-3:00 (Day School with A.M. & P.M. Care)	\$3800	\$380.00	\$4950	\$495.00	\$6050	\$605.00
9:00-5:30 (Day School with P.M. Care)	\$4350	\$435.00	\$5450	\$545.00	\$6600	\$660.00
7:00-5:30 (Day School with A.M. & P.M. Care)	\$4900	\$490.00	\$5950	\$595.00	\$7200	\$720.00

CONTRACT TERMS & SIGNATURE

Summary of Payment Contract Policies:

- Tuition must be paid by the 9th of each month using cash, check, credit card, or an electronic bank funds transfer (e-check).
- Stepping Stones Day School does not issue refunds. No refunds or credits will be issued based on your child's attendance.
- There is a late payment fee of \$20 and a \$30 fee for returned checks/declined auto drafts.
- Stepping Stones Day School reserves the right to terminate care for a child if tuition payments are past due by 60 days.

The full list of payment policies is listed in the Parent Handbook under "Tuition & Fees."

My signature certifies that I am agreeing to pay my child's tuition in 10 equal installments, from August-May of current school year, whether he/she is absent, on vacation, or there is a holiday.

Name of person responsible for payments: _____

Email address where billing correspondence should be sent: _____

Signature of Person Responsible for Payments: _____ **Date:** ____/____/____

STEPPING STONES DAY SCHOOL

Payment Information

Payments can be made using cash, check, credit card, or electronic bank funds transfer (e-check). If you wish to use a credit card or electronic bank funds transfer, please fill out the corresponding part of this form to authorize auto draft payments. You are also able to make payments through the Procure App.

- Payment Option Selection:**
- Credit Card Payment (via auto draft)
 - Electronic Bank Funds Transfer (via auto draft)
 - Other Payment (cash or check)
 - Procure App

CREDIT CARD PAYMENT AUTHORIZATION

Tuition and any other fees due will be processed automatically on the 9th of each month.

Cardholder Name: _____ Phone: _____

Cardholder Billing Street Address: _____ City: _____ State: ____ Zip: _____

Card Type: Visa Mastercard

Credit Card Number: _____ **Security Code:** _____ **Exp Date:** ____/____/____

I authorize Stepping Stones Day School to initiate recurring credit card charges to the above credit card account for the purpose of collecting childcare related payments. I authorize Stepping Stones Day School to use the third party sender Tuition Express to process all payments. This authorization will remain in effect until I notify Stepping Stones Day School in writing of its termination.

Cardholder Signature: _____ **Date:** ____/____/____

ELECTRONIC BANK FUNDS TRANSFER AUTHORIZATION

Tuition and any other fees due will be processed automatically on the 9th of each month. Please attach a voided check to this form.

Bank Account Holder Name: _____ Phone: _____

Account Holder Street Address: _____ City: _____ State: ____ Zip: _____

Bank Name: _____ Account Type: Checking Saving

Routing Number: _____ **Account Number:** _____

I authorize Stepping Stones Day School to initiate recurring either an electronic debit or credit against my Checking or Savings account for the purpose of collecting childcare related payments. I authorize Stepping Stones Day School to use the third party sender Tuition Express to process all payments. This authorization will remain in effect until I notify Stepping Stones Day School in writing of its termination.

Account Holder Signature: _____ **Date:** ____/____/____