



Stepping Stones Preschool
800 NE Tudor Rd.
Lee's Summit, MO 64081
816-525-4769
kportersteppingstones@lchristian.org
www.lchristian.com

Dear Parents,

Thank you for your interest in Stepping Stones Preschool! Stepping Stones is a program sponsored by the **Lee's Summit Christian Church**. A **\$100.00 non-refundable fee that covers enrollment** is required to ensure your child's place in our program. We also require a copy of your child's immunization record and a physician signed physical assessment form **prior to attendance**. If you have any questions concerning our programs for the 2025-2026 school year, please call our office at 816-525-4769. We believe each child is a special gift from God and welcome the opportunity to provide your child with an educational preschool experience in a loving and nurturing environment.

Kelley Porter

Director

Children in the Pre-K and PSIII classes will have creative opportunities to use a "hands on" approach to learn and remember skills. Children **must be potty trained to begin PSIII classes**. No pull-ups. Classroom time provides an environment that is conducive to the physical, social, emotional and cognitive development of each child in our care. Our Pre-K program also offers *Handwriting Without Tears*.

PS2 is designed to provide toddlers with positive interaction with adults and other children of their own age. This is accomplished in a loving Christian atmosphere. This classroom provides an environment that is conducive to the physical, social, emotional and cognitive development of each child in our care. PS2 serves children that are 2 1/2 years old at the start of school.

Conscious Discipline is used at our school. Conscious Discipline is a leader in classroom management and provides a transformational, whole-school solution for social-emotional learning, discipline and self-regulation. Teachers provide safety, support and structure for the children in their care. "Our worth depends on seeing the Worth in Others."

Please mark your choices below. (Make first, second and third choices where applicable.) All fees are decided by the number of days attended in nine months. Payment options are online payment, cash or check. Tuition is due by the 10th of each month. There is no credit for shorter months or increase on longer as tuition is based on the number of days in the school year. Enrollment fee is \$100 per child.

PreK Must be four (4) by July 31	Remember 1st & 2nd choices
<input type="checkbox"/> TWTH	\$310.00
<input type="checkbox"/> M—TH 9:00-1:00 (Must have 10 children enrolled)	\$405.00

Preschool PS3 Must be three (3) by July 31 and potty trained	Remember 1st, 2nd & 3rd choices
<input type="checkbox"/> MW 9:00-1:00	\$215.00
<input type="checkbox"/> TTH 9:00-1:00	\$215.00
<input type="checkbox"/> TWTH 9:00-1:00 (Must have 8 children enrolled)	\$310.00

PSII Must be two and a half (2 1/2) by July 31	
<input type="checkbox"/> MW 9:00-1:00	\$215.00
<input type="checkbox"/> TTH 9:00-1:00	\$215.00

AFTER CARE—MUST HAVE 8 CHILDREN ENROLLED TO OFFER THIS PROGRAM

Fee will be \$20 per day per child. Hours will be 1PM to 3PM.

A monthly calendar of days this will be offered will be provided.

Yes, I would like to do aftercare.

Emergency Medical and Liability Waiver

Child's Name _____

Insurance Information

Name of hospitalization insurance _____		
Policy # _____	Policy holder's name _____	
Family Doctor _____	Doctor's Phone _____	
Preferred hospital _____		
Person to be notified in case of emergency _____		
Relationship _____	Home # () _____	Work # () _____

Medical Information

Please list any unusual ailments or difficulties your child may experience such as allergies, asthma, medications, seizures, heart disease, or other illnesses of which we should be aware. An allergy or asthma treatment plan from a doctor will be required.

- My child is in good health, is able to participate in group care, has no special health or medical requirements.
 My child is able to participate in group care but has special health or medical requirements as listed below.

I give permission for my child to participate at Stepping Stones Preschool. Also in consideration for allowing my child to participate in Stepping Stones activities, I agree to hold harmless and release Lee's Summit Christian Church and Stepping Stones Preschool directors, officers, employees, volunteers and agents from liability for any fault, mistake, negligence or omission causing damage, loss or injury to my child (hereinafter referred to jointly as Damage) arising from my child's attendance and participation in any activity sponsored by Stepping Stones Preschool including any Damage arising from the provision of emergency medical treatment. I further agree to allow medical treatment in the case of an emergency for my child. I have answered the above statements truthfully and completely.

Signature _____ Date _____

IMMUNIZATIONS: WE MUST HAVE A COPY OF YOUR CHILD'S IMMUNIZATION RECORDED ON FILE. ACCORDING TO STATE REGULATIONS, EACH CHILD IN OUR PROGRAM MUST COMPLY WITH THE IMMUNIZATION SCHEDULE STATED BY THE DEPARTMENT OF HEALTH. THIS SCHEDULE CALLS FOR A CHILD WHO IS 24 MONTHS TO KINDERGARTEN ENTRY TO HAVE THE FOLLOWING DOSES OF VACCINES:

4 DTaP, 3 IPV (Polio), 1 MMR, 3 HepB, 3 Hib, 1 VARIVAX/VARICELLA, 4 PCV (Pneumococcal Conjugate, Prevnar)

ONCE YOUR CHILD'S RECORD IS IN OUR OFFICE, YOU NEED NOT DUPLICATE IT. PLEASE INFORM US OF ANY ADDITIONS TO YOUR CHILD'S RECORD.

PHYSICAL: THE STATE OF MISSOURI ALSO REQUIRES THAT EACH CHILD ENROLLED IN OUR PROGRAM HAVE A PHYSICAL ASSESSMENT FORM SIGNED BY A DOCTOR OR ADVANCED PRACTICE NURSE ON FILE IN OUR OFFICE. THE PHYSICIAN'S ASSESSMENT CAN BE COMPLETED UP TO 12 MONTHS PRIOR TO ADMISSION TO SCHOOL

****NO CHILD WILL BE ALLOWED TO ENTER SCHOOL WITHOUT AN UP-TO-DATE IMMUNIZATION RECORD AND DOCTOR'S SIGNED PHYSICAL ASSESSMENT ON FILE****

Dear Parents,

The attached form is required as part of Stepping Stones' enrollment policy. If a child is to go home with someone other than his/her parent/legal guardian, we must have a Pick-up Authorization form on file giving your written permission for your child to be released to this person. We will allow no exceptions concerning the release of a child to someone not authorized in our files!

If your child will be routinely going home with someone other than yourself (as in the case of babysitters, grandparents, or carpooling), you can fill out the attached form and leave it on file with us for the entire school year. If you wish to allow alternate arrangements on an irregular basis, you will find Pick-up Authorization forms in your child's classroom, and you can fill one out each day specific arrangements are being made. Should you prefer not to designate a pick-up person at this time, please mark the box on the bottom of this form.

Thank you for cooperating with us in this endeavor. As always, our motivation is only the safety and well-being of our children.

**Stepping Stones Preschool
PICK-UP AUTHORIZATION
2025-2026**

Child's Name _____ Date _____

Please list the person/persons, **other than parents**, authorized to pick-up your child from Stepping Stones:

<u>Name of authorized Pick-up Person</u>	<u>Relationship to Child</u>	<u>Telephone</u>	<u>Designated Pick-Up Dates</u>
--	----------------------------------	------------------	-------------------------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

No one other than the parents of this child is authorized to take him/her from Stepping Stones.

Parent/Guardian Signature _____

Date _____



Stepping Stones Preschool
800 NE Tudor Rd.
Lee's Summit, MO 64081
816-525-4769
kportersteppingstones@lchristian.com

February 1, 2025

Dear Parent,

We have children that have many different forms of allergies and many food allergies. **We are a peanut-free school.** Please check labels for peanuts, peanut butter and foods processed in a facility that uses peanuts. You provide your child's own snack and each day. All snacks are to be store-bought (prepackaged). No homemade snacks are allowed.

If you do choose for your child to eat the snacks provided for special occasions, we ask that you sign a permission slip in order for that to happen. Your child's health and welfare is our first priority and we need your help in order to keep everyone healthy.

Please sign this slip and return with your enrollment papers.

Thank you.

Allergy/Snack Consent

My child may eat the snacks brought into Stepping Stones Preschool by other children. I understand that if I do not want my child to eat the snacks provided, I may bring in a snack.

Parent Signature _____

Date _____



Stepping Stones Preschool Photo Release Form

Stepping Stones Preschool must have a signed photo release form from any student's parent or guardian for all photographs taken on preschool property. This rule includes photographs for use in any preschool or Lee's Summit Christian Church publication, such as newsletters, brochures, class books, class projects or other such material. Releases also must be obtained for photographs used on the Web.

This release form had been approved by the Director of Stepping Stones and the Children's Outreach Committee.

I hereby grant Stepping Stones Preschool permission to use _____'s
photographs in any and all of its publications.

Name (please print) _____

Signature _____

Relation to subject (child) _____

Date _____

