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

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 **$150.00 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 2026-2027 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."

Stepping Stones Preschool Enrollment Form
2026-2027
(The MO Dept. of Health requires all information on this form be complete.)

Child's Name_____
First Middle Last

Name you would like teacher to use_____ Sex _____ Birth Date_____

Address_____
street city zip code

Mother_____ Cell Phone_____

Email Address _____

Employer & Work Address_____

Hours (Ex: 8am - 5pm) _____

Father_____ Cell Phone_____

Email Address _____

Employer & Work Address_____

Hours (Ex: 8am - 5pm) _____

Stepping Stones has permission to share my contact info with families in my child's classroom: YES/NO

Parent/Guardian Initials Required

- I have been informed of the required health and safety inspections and the inspection forms are available for review. _____
- When my child is ill, I understand and agree that s/he may not be accepted for care or remain in care. _____

- I Do_____
- I Do not give permission for field trips/excursions.,_____

I understand I will be notified in advance when they are planned.

- I Do _____
- I Do not give permission for the facility to transport my child_____

Siblings names & ages _____

PERSONS AUTHORIZED TO ACT FOR PARENTS IN AN EMERGENCY
(At least one local emergency contact is required)

NAME_____ PHONE_____

ADDRESS_____
street city state

Relationship to Child_____

NAME_____ PHONE_____

ADDRESS_____
street city state

Relationship to Child_____

This enrollment form MUST be accompanied by payment of a **nonrefundable enrollment fee**.

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 $150 per child.

PreK **Must be four (4) by July 31**	**Remember 1st & 2nd choices**
_____ TWTH	$325.00
_____ M—TH 9:00-1:00 (Must have 10 children enrolled)	$435.00

Preschool PS3 **Must be three (3) by July 31 and potty trained**	**Remember 1st, 2nd & 3rd choices**
_____ MW 9:00-1:00	$220.00
_____ TTH 9:00-1:00	$220.00
_____ TWTH 9:00-1:00 (Must have 8 children enrolled)	$325.00

PSII **Must be two and a half (2 1/2) by July 31**	
____ MW 9:00-1:00	$220.00
____ TTH 9:00-1:00	$220.00

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' 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 IMMUNIATION RECORED ON FILE. ACCORING TO STATE REGULATIONS, EACH CHILD IN OUR PROGRAM MUST COMPY WITH THEIMMUNIZATION 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 FACCINEDS:

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 CHILDS RECORD.

PHYSICAL: THE STATE OF MISSOURI ALSO REQUIORES THAT EACH CHILD ENROLLED IN OUR PROGRAM HAVE A PHYSICAL ASSESSMENT FORM SIGNED BY A DOCOTR OR ADVANCED PRACTICE NURSE ON FILE IN OUR OFFICE. THEY 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 SIGNGNED 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
2026-2027

Child's Name _____ Date _____

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

Name of authorized Pick-up Person	Relationship to Child	Telephone	Designated Pick-Up Dates

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

_____ _____

Parent/Guardian Signature Date

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February 1, 2026

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_____

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION

CHILD MEDICAL EXAMINATION REPORT (INFANT/TODDLER/PRE-SCHOOL)

SAVE PRINT RESET

IDENTIFYING INFORMATION

CHILD'S NAME	BIRTHDATE

CURRENT STATE OF HEALTH

Based on my assessment of this child's medical history, current state of health and my physical examination of the child on ____ / ____ / ____, this child can participate in a child care program. This child has no special care needs unless specified below.

(Date of medical examination must be within the last 12 months.)

PHYSICIAN'S INSTRUCTIONS FOR SPECIALIZED CARE

Complete this section only if child requires special care at a child care facility, e.g. special diets, allergies, ear infections, convulsions, diabetes, asthma, behavior problems, hearing or visual impairment, etc. (Attach additional pages as needed.)

SIGNATURE OF PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION OF A PHYSICIAN	DATE

PHYSICIAN'S OR NURSE'S NAME (PLEASE PRINT)

NAME AND ADDRESS OF CLINIC, GROUP, PRACTICE OR OTHER (MAY USE STAMP.)	IF NURSE IS SUPERVISED BY A PHYSICIAN, INDICATE PHYSICIAN'S NAME (PLEASE PRINT.)
	TELEPHONE NUMBER