



STEPPING STONES  
EDUCATIONAL THERAPY CENTER  
EST. 1990

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# ACADEMY APPLICATION FOR ADMISSION: NEW

Date of Application: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_  
(Last) (First) (Middle) (Preferred)

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Child's Primary Language: \_\_\_\_\_ Is student Hispanic/Latino? YES NO

Current School (if applicable): \_\_\_\_\_ Current Grade: \_\_\_\_\_

Has the applicant been diagnosed with a learning difference or impairment? \_\_\_\_\_

If yes, BRIEFLY please list diagnosis(es): \_\_\_\_\_

## Application Checklist

Please remit all requested items with the application form

- \_\_\_\_\_ Application form    \_\_\_\_\_ Recent picture of child    \_\_\_\_\_ Current Immunization Records
- \_\_\_\_\_ Birth Certificate    \_\_\_\_\_ Current form 3300 (Ear, Eye, and Dental)    \_\_\_\_\_ Copy of Insurance Card
- \_\_\_\_\_ School Transcripts    \_\_\_\_\_ Most Recent Behavioral Assessment    \_\_\_\_\_ Current IEP
- \_\_\_\_\_ Copy of most recent Psychological, Neurological, Speech, and Language Reports
- \_\_\_\_\_ Current Feeding Plans, Medical Plans, Seizure Plans    \_\_\_\_\_ Diapering and Bathroom Assistance Permission
- \_\_\_\_\_ Two recommendation forms from previous schools/institutions (if applicable)
- \_\_\_\_\_ **Application fee: \$150 for new students, \$100 for current students, \$50 for each additional child**

**NOTE: Partial applications will not be accepted. Application fee is due at the time of submission.**

# Household Information

## Parent/Guardian A:

Full Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
\_\_\_\_\_

Employer Phone: \_\_\_\_\_

Student resides with (please circle all that apply):    Mother    Father    Guardian    Grandparent    Stepparent

Name and ages of siblings, if applicable: \_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact, other than custodial guardian/parent:** \_\_\_\_\_

Cell Phone: \_\_\_\_\_      Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Optional Additional Emergency Contact, other than custodial guardian/parent:** \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Cell Phone: \_\_\_\_\_      Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**Optional Additional Emergency Contact, other than custodial guardian/parent:** \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

**Optional Additional Emergency Contact, other than custodial guardian/parent:** \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

*In the event of an emergency, I give Stepping Stones Educational Therapy Center permission to share the applicant's information with the aforementioned person(s) listed under parent/guardian and emergency contact.*

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

## Pickup Authorization Form

*In addition to parents/guardians, please list all people who are authorized to pick up student(s). Please note that the school reserves the right to confirm the identity of authorized persons by requesting photo identification at the time of pick up.*

**Name:** \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Name:** \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Name:** \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Name:** \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Name:** \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## Photo Release Authorization Form

Use of Photographs – Please check ONE:

I give consent to the use, publication, and copyright by Stepping Stones Educational Therapy Center in school publications, website, school and classroom social media platforms, and other promotional materials, artwork, written work, videos or photographs in which the above student may appear in any programs or activities of Stepping Stones Educational Therapy Center. This consent includes the use of photographs of student(s) in the local newspaper, and authorizes the student's name to appear in the paper with press releases of activities at Stepping Stones Educational Therapy Center. The foregoing consent shall extend beyond the student's enrollment and shall survive the termination of this contract.

**DO NOT** give consent to the use, publication, and copyright by Stepping Stones Educational Therapy Center in any school publications, website, school and social media platforms, and other promotional materials, artwork, written work, videos or photographs in which the above student may appear in any programs or activities of Stepping Stones Educational Therapy Center. The foregoing consent shall extend beyond the student's enrollment and shall survive the termination of this contract.

*Signature:* \_\_\_\_\_

*Date:* \_\_\_\_\_

# Medical History and Information

Name of Pediatrician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Student Insurance Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Does student have any medical conditions? YES NO

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list all medications:

Medication #1: \_\_\_\_\_ Dosage: \_\_\_\_\_

Frequency: \_\_\_\_\_ Subscribing Physician: \_\_\_\_\_

Medication #2: \_\_\_\_\_ Dosage: \_\_\_\_\_

Frequency: \_\_\_\_\_ Subscribing Physician: \_\_\_\_\_

Medication #3: \_\_\_\_\_ Dosage: \_\_\_\_\_

Frequency: \_\_\_\_\_ Subscribing Physician: \_\_\_\_\_

Medication #4: \_\_\_\_\_ Dosage: \_\_\_\_\_

Frequency: \_\_\_\_\_ Subscribing Physician: \_\_\_\_\_

Medication #5: \_\_\_\_\_ Dosage: \_\_\_\_\_

Frequency: \_\_\_\_\_ Subscribing Physician: \_\_\_\_\_

Permission for Nurse to Administer Over-the-Counter medications as needed (dosage will be administered based on child's weight and age):

Tylenol/Acetaminophen

Advil/Ibuprofen

Tums

Cough Drops

Please list any allergies:

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Has your child been seen by an Occupational, Speech/Language, Physical, or ABA Therapist(s): YES NO  
If yes, please list the name of therapist, type of therapy, and phone number of provider:

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**Medical Authorization and Parental Consent:** In the event the above named child becomes ill or sustains injury while at school or any other school related trip or event at Stepping Stones Educational Therapy Center. I, the undersigned, give my permission to those in charge to take whatever steps are necessary to stop any bleeding and to administer first aid. I, also, consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the above-named minor under the general or special supervision and on the advice of any duly licensed physician, surgeon, and/or dentist, whether such diagnosis or treatment is rendered at the office of said physician, surgeon, or dentist or at a licensed hospital. The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for the aforementioned child to return home due to medical reasons, behavioral problems or otherwise, the undersigned agrees to assume all transportation costs. The undersigned does also, hereby, give permission for the above named child to ride in any vehicle designated by the adult in whose care the minor has been entrusted, provided the child is in a safety belt and, if available, a shoulder strap while attending and participating in the activities sponsored by Stepping Stones Educational Therapy Center.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Developmental History

Name of Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Age when student:

Sat: \_\_\_\_\_ Crawled: \_\_\_\_\_ Walked: \_\_\_\_\_ Talked: \_\_\_\_\_ Used Full Words: \_\_\_\_\_ Used Full Phrases: \_\_\_\_\_

**Academic Skills:** The following questions are related to pre/academic information. For each item below, please write "I" if the students can complete the task independently, or, "A" if the student can complete the task with assistance (verbal or otherwise). If student cannot complete the task as of yet, please leave blank.

\_\_\_\_\_ Complete simple interlocking puzzles \_\_\_\_\_ Complete basic patterns \_\_\_\_\_ Match photos

\_\_\_\_\_ Identify colors \_\_\_\_\_ Identify shapes \_\_\_\_\_ Identify letters \_\_\_\_\_ Spell first name \_\_\_\_\_ Spell last name

\_\_\_\_\_ Rote count 1-10 \_\_\_\_\_ Rote count 1-20 \_\_\_\_\_ Rote higher than 20 \_\_\_\_\_ Identify numbers 1-10

\_\_\_\_\_ Identify numbers higher than 11-20 \_\_\_\_\_ Identify numbers higher than 20 \_\_\_\_\_ Write name

\_\_\_\_\_ Write words \_\_\_\_\_ Reads sight words \_\_\_\_\_ Reads phonetically \_\_\_\_\_ Comprehends what is read

\_\_\_\_\_ Complete basic math functions with single digits \_\_\_\_\_ Complete basic math functions with two digits

\_\_\_\_\_ Write in phrases \_\_\_\_\_ Write in complete sentences

If academic skills exceed those listed above, please describe: \_\_\_\_\_

Student's favorite subjects, interests, or topics: \_\_\_\_\_

Student's strengths both in and outside the classroom: \_\_\_\_\_

**Functional Skills:** The following questions are related to daily functioning, fine and gross motor skills. For each item below, please write "I" if the students can complete the task independently, or, "A" if the student can complete the task with assistance (verbal or otherwise). If student cannot complete the task as of yet, please leave the item blank.

\_\_\_\_\_ Pick up small items with fingers \_\_\_\_\_ Manipulate objects with both hands \_\_\_\_\_ Throw a ball

\_\_\_\_\_ Use stairs \_\_\_\_\_ Run \_\_\_\_\_ Jump \_\_\_\_\_ Use slide \_\_\_\_\_ Put on most items of clothing

\_\_\_\_\_ Take off most clothing \_\_\_\_\_ Use buttons \_\_\_\_\_ Use zippers \_\_\_\_\_ Tie laces \_\_\_\_\_ Wash Hands

\_\_\_\_\_ Brush teeth \_\_\_\_\_ Comb/brush hair \_\_\_\_\_ Bathe or shower \_\_\_\_\_ Eat with fork and/or spoon

\_\_\_\_\_ Drink from a regular cup \_\_\_\_\_ Use computer \_\_\_\_\_ Use writing utensil \_\_\_\_\_ Draw

\_\_\_\_\_ Play appropriately with toys \_\_\_\_\_ Play appropriately with others \_\_\_\_\_ Shows interest in others actions

Is student toilet trained? YES NO

If no, has student begun toilet training? YES NO If yes, please give date started: \_\_\_\_\_

Can student indicate when they need to use the restroom? YES NO

### Social/Emotional History

Please describe how student interacts with parents/guardians and siblings:

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Please describe how student interacts with peers:

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Has the student ever exhibited impulsive and/or aggressive behavior? YES NO If yes, please describe:

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Does student exhibit anxiety? YES NO If yes, please describe how the school can best help student feel more comfortable in the educational setting:

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**Diagnosis:** Please list all student's diagnoses, and dates made. Please be sure to include any cognitive, physical, mental, social/emotional, and/or medical diagnoses. Please attach supporting documents, if available.

Diagnosis: \_\_\_\_\_ Date: \_\_\_\_\_ Diagnostician: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date: \_\_\_\_\_ Diagnostician: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date: \_\_\_\_\_ Diagnostician: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date: \_\_\_\_\_ Diagnostician: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date: \_\_\_\_\_ Diagnostician: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date: \_\_\_\_\_ Diagnostician: \_\_\_\_\_

**Injuries/Illness:** Please list any significant past injuries, surgeries, or extended illnesses.

Event: \_\_\_\_\_ Date: \_\_\_\_\_

Event: \_\_\_\_\_ Date: \_\_\_\_\_

Event: \_\_\_\_\_ Date: \_\_\_\_\_

Event: \_\_\_\_\_ Date: \_\_\_\_\_

Event: \_\_\_\_\_ Date: \_\_\_\_\_

Is student currently medically stable: YES NO  
If no, please explain: \_\_\_\_\_

Has your child ever had a seizure? YES NO If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
If yes, does student have a current seizure plan: YES NO  
If yes, date of last review of plan: \_\_\_\_\_  
If yes, please attach copy of plan to packet.

Has the student ever been seen by a Psychiatrist, Psychologist, or Counselor? YES NO

Date of most recent psychological: \_\_\_\_\_

Has the student ever been seen by a developmental pediatrician or neurologist? YES NO

Has child ever been seen by a specialist other than those mentioned above? YES NO

If yes to any of the aforementioned questions, please explain reasons for visit and diagnosis (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_

**Dietary Concerns:** Please list any dietary needs (diet, allergies, aversions, chewing/swallowing concerns, etc.) of which our staff needs to be aware:  
\_\_\_\_\_  
\_\_\_\_\_

## Parent/Student Handbook Acknowledgement

I acknowledge that Student/Parent Handbook has been made available to me on the school website ([www.steppingstonesschool.org](http://www.steppingstonesschool.org)) and in paper format: I have reviewed the information and understand the policies and procedures that govern the school.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Acknowledgement of School Operating Hours

I acknowledge that Stepping Stones Educational Therapy Center school hours are 8:00 am to 3:05 pm, Monday through Friday, as indicated by the school calendar. That before and after care is available as needed.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Acknowledgement of School Attendance Policy

I acknowledge that Absences of two consecutive days or more will require a doctor's note explaining the prolonged absence. **I also acknowledge that student absences in excess of 10 days that are not medical in nature will be reviewed and can be grounds for dismissal from the school.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Tuition and Fees:

**Note:** All families are eligible to apply for financial assistance.

**The Academy at Stepping Stones:** \$15,500, to be paid in full or in ten installments. Tuition is due on the first of the month beginning in August and ending in May. A late fee of \$50 will be billed after the 10<sup>th</sup> day of the month.

**Afterschool Fees:** Afterschool is billed on an as needed basis at a rate of \$10 per day, per child. Late pickup will result in a fee of \$25 for the first five minutes late, \$1 per minute thereafter, until the student has been picked up.

**Meals:** Meals are \$50 per month: this includes breakfast, lunch, and snacks. Free and reduced meal applications are available.

**Enrollment Fees:** \$150 for new applicants, \$100 for returning applicants, \$50 for each additional student in a family.

**Georgia Special Needs Scholarship Eligibility:** Students who receive GSNS will be billed monthly for the balance of their tuition. Tuition is due on the first of the month, beginning in August and ending in May. A late fee of \$50 will be billed after the 10<sup>th</sup> day of the month.

## Contract for Enrollment Terms and Conditions

The information provided in this application is, to the best of my knowledge, complete, accurate, and true. I understand that the application fee must be paid at the time of submission and that it is nonrefundable. I understand that before my child can attend the first day of school, all fees and first month's tuition must be paid. I understand that all required documents must be turned in to the school office before my child can attend school. I understand that in signing this Contract for the coming school year, I am agreeing to accept the policies and procedures of Stepping Stones Educational Therapy Center as established by the Board of Directors and/or the Administration of the school, the policies and procedures as set forth in the school's handbook(s), and the financial terms and conditions described to me in the financial portion of the enrollment process.

**I acknowledge that the receipt of a signed contract by the school does not constitute a definitive guarantee of enrollment for the academic year 2026-2027. It is understood that each application shall undergo a thorough review by the admissions team before enrollment confirmation is granted.**

**This Contract should be signed by both Parents (or guardians/conservators) and returned along with the one-time enrollment fee of \$150 for new students, \$100 for current students, \$50 per each additional student in a family.**

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Printed Name:* \_\_\_\_\_ *Relationship to Student:* \_\_\_\_\_

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Printed Name:* \_\_\_\_\_ *Relationship to Student:* \_\_\_\_\_

### Notice of Nondiscrimination Policy

Stepping Stones Educational Therapy Center admits students of any race, color, national or ethnic origin, to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate based on color, race, national or ethnic origin in the administration of its educational policies, admission policies, athletics and other school-administered programs.