

STEPPING

Stones Preschool



Stepping Stones Preschool offers a first school experience, in a faith-centered environment, that plants in each child a love for learning while creating opportunities for social interaction, intellectual, spiritual, physical and emotional growth. We believe education must be relevant, meaningful, and fun and strive to build a strong foundation for all future learning and living.

*TEACH A CHILD TO CHOOSE THE RIGHT PATH AND
WHEN HE IS OLDER HE WILL REMAIN UPON IT.
PROVERBS 22:6*

For more information, call or email:

Stepping Stones Preschool at PEAK Elite
Tania Henry, Director

541-929-2772
Tania@peakelite.net

PEAK Elite
6880 SW West Hills Rd.
Corvallis, OR 97333

<input type="checkbox"/> Skippers	M/W/F	9 am – noon	\$199 per month*
<input type="checkbox"/> Pebbles	T/Th	9 am – noon	\$155 per month*
<input type="checkbox"/> Both	M-F	9 am – noon	\$323 per month*

*A yearly registration fee of \$129 is also required

Registration is held when this form is completed and submitted with the registration fee and first month tuition. Tuition is due by the 6th of each month, a \$25 late fee is incurred after the 7th of each month.

Students Name: First _____ Middle _____ Last _____

Nickname: (if applicable) _____

Applying for Skippers Pebbles Both

Date of Birth _____ Gender: M F

Is your child under any type of medical supervision? Y N

Name allergy/allergies and explain symptoms? _____

Childs Physician: _____ Phone Number _____

Address _____

Insurance Carrier: _____ Policy _____

Have you consulted a physician or other professional regarding any of the following:

Speech and language development? Y N Emotional or behavioral development? Y N

Physical development or coordination? Y N

If you answered yes to any of the above, please explain _____

Family Information

Mother/Guardian Full Name: _____

Address _____

Home Phone: _____ Cell Phone: _____

Employer _____ Business Phone: _____

Father/Guardian Full Name: _____

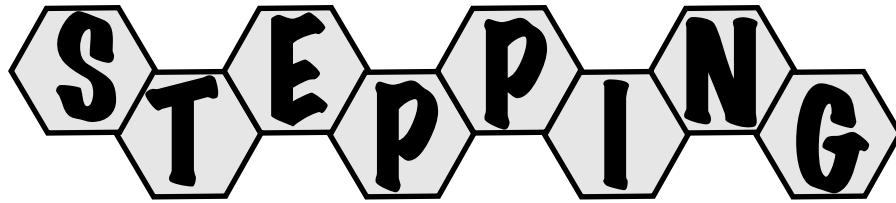
Address _____

Home Phone: _____ Cell Phone: _____

Employer _____ Business Phone: _____

If child is not living with both parents/guardians, please indicate with whom the child resides _____

Brothers and Sisters	Birthdates	School Attending
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____



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- I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the Stepping Stones Preschool at PEAK Elite.
- I hereby grant permission for my child to be photographed and his/her likeness to be used on promotional materials related to Stepping Stones Preschool at PEAK Elite.
- I hereby grant permission for the Director, Acting Director, or teaching staff to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include by are not limited to, the following:
 1. Attempt to contact a parent or guardian
 2. Attempt to contact the child's physician
 3. Attempt to contact you through any of the persons listed on the emergency information form you provide.
 4. If we cannot contact you or your child's physician we will do any or all of the following:
 - a. call another physician or paramedics,
 - b. call an ambulance,
 - c. have the child taken to an emergency room (hospital) in the company of a staff member.
 5. Any expenses incurred under #4, above, will be borne by the child's family.
 6. Stepping Stone Preschool will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
 7. Stepping Stones Preschool will not assume responsibility for a child who has not been enrolled at Stepping Stones Preschool.

Mother/Guardian Signature _____ Date: _____

Father/Guardian Signature _____ Date: _____