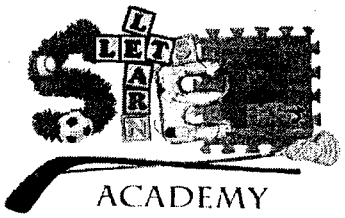


Program Agreement

Please initial next to each item:

___ In the event your child becomes ill at STEP, it is the parent's/guardian's responsibility to arrange immediate pick up for the child. STEP Academy is committed to reducing the spread of communicable disease as much as possible therefore it is required for you to keep you child home from school till he/she is at least **24 hours symptom free** (fever of 100 or more, diarrhea, vomit, etc.) without the use of fever reducing medications and if necessary, consult your child's doctor. If your child exhibited symptoms of the illnesses listed below he/she will require a doctor's note to return to the program:

- Conjunctivitis (pink eye), Fifth Disease, Diarrhea (due to Samonella or Shigella), Head Lice, Impetigo, Ring Warm, Chicken Pox, Strep Throat, or other highly contagious illness.

___ If your child receives medication, vitamins, Tylenol, etc. we must have **written** permission from parents and **written** instructions from the child's health care provider on how to administer the medication. All medication, vitamins, etc. bottles must have original label on it.

___ Only staff members who have completed the Medication Administration Training (MAT) course are permitted to administer medicine.

___Any questions concerning staff, policy, scheduling, etc. must be discussed with the owners or director only. The staff is unable to make decisions regarding program matters.

___ All children are to come with drinks, snacks and lunch. Due to allergies, STEP is a **"NUT FREE"** facility. Please take time to look at the ingredients of the snacks you buy and make sure they do not contain any nut product (nuts, nut oil, nut butter, etc.)

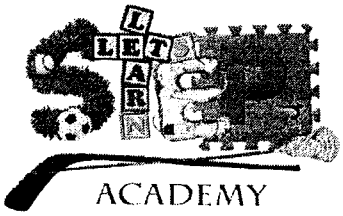
___ You are required to supply your own diapers, wipes, etc. Please send an extra set of clothing to school with your child(regardless of age) and label his/her name on each item. An emergency set of clothing should consist of a shirt, pants/shorts, underwear and socks.

___ Your drop-off and pick-up times are based on your child's registration contract. If your child enters or exits out of this time frame you will be charged $10 per hour.

By signing, you agree to adhere to all of the policies of STEP Academy regarding the preschool program.

Parent/Guardian Signature: _____ Date: _____

Childs Name: _____



Permission to Administer Over the Counter Topical Ointments

I give approval to Step Academy Inc. to apply the *over the counter* topical ointments checked below and according to my written instructions. Instructions must include frequency with which ointments are to be applied. If they are to be applied, would be on an as needed basis.

Please Note: All topical ointments must be in original container.

☐ **Sunscreen:** (supplied by parent)
- If side effects are noted parents will be notified.
- Sunscreen will be applied before each outing.

☐ **Diaper Ointment:** (supplied by parent)
Schedule of applications and instructions to be provided in writing to teacher/caregiver.
Please circle one:
- Apply diaper ointment at each diaper change
- Apply diaper ointment only when redness or irritation is noted.

☐ **Shaving Cream:** (supplied by center)
- Use for art/tactile purposes

☐ **Skin/hand Lotion:** (supplied by center)
- Use for art/tactile purposes

☐ My child, _____ may have topical over the counter ointment such as :

(Please circle which apply)

Neosporin, Triple Antibiotic Ointment, Bacitracin, Vaseline, Other_____

Parent Signature:_____ Date:_____

Videotape/Photograpic/Website Release Form

☐ I give permission for Step Academy inc. to take photos/videos of my child while in attendance at the program and will be used for classroom/center purposes only.

☐ I give permission to be added to Step Live private Facebook group and allow photographs to be posted of my child.

Parent Signature:_____ Date:_____

Student Code of Conduct

STEP Academy is committed to providing a safe environment where all of our students, parents, and staff are treated with mutual respect and dignity. Responsible behavior by all is essential in the promotion of learning within a safe environment. STEP Academy's behavior policy is based on age appropriate use of positive reinforcement and positive behavioral supports within the center. It is our policy that staff is never to use physical punishment and never to engage in psychological abuse or coercion. STEP Academy is committed to promoting a safe and orderly school environment for all students and staff and maintains a non-discrimination policy. All students have the right to:

- Take part in all activities regardless of race, color, creed, national origin, religion, disability, gender or sexual orientation.
- Be informed of classroom/school rules/expectations which are built into the curriculum and have those rules explained to them by school personnel through review in the classroom by the teacher and reinforcement of those rules by school personnel.

In the event a child demonstrates behavior that disrupts other students and/or staffs safe learning environment, the following procedures are implemented:

1. The Director, Assistant Director, and Administrative staff is immediately notified of the behavior.
2. Staff who witnessed the incident will document the incident.
3. If the behavior is inconsistent with the child's typical behavior, a parent will be notified.
4. When a child's behavior/ behaviors are occurring frequently and are impacting Step Academy staff's ability to maintain a safe learning environment for the child, his/her peers, and/or staff, the following steps will be taken:
    - The student's parents will be notified immediately.
    - A plan to address the child's behavior will be implemented using positive reinforcement methods.
    - If the child is demonstrating characteristic behaviors that can be indicative of a developmental delay or need for outside services that STEP Academy is unable to provide such as SEIT, Speech therapy, Occupational therapy, etc., parents will be asked to have their child evaluated by Early Intervention or their local school district CPSE.
    - If the above mentioned actions are unable to help provide a safe environment for all students and staff, STEP Academy will need to terminate the child's registration contract.

Parent Acknowledgement

The signature below confirms that I am in receipt of the STEP Academy Student Code of Contact.

Parent/Guardian Signature: _____ Date:_____

Child's Name: _____

Emergency Contact Form

Name of Childcare/Center:	Caregiver Name:
Address:	Cell Phone:
Child's name:	Home Phone:
Date of birth:	Work phone:
Mother's name:	Medical Conditions:
Father's name:	Medications:
Emergency contact:	Allergies:
Child's Doctor:	Medical Card # :
Mothers Email:	Fathers Email:

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

CHILD IN CARE MEDICAL STATEMENT

To Be Completed By Licensed Physician, Physician's Assistant or Nurse Practitioner

Name of Child:	Date of Birth:	Date of Examination:

Immunizations required for entry into day care ☐ Yes ☐ No

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1st Date	2nd Date	3rd Date	4th Date	5th Date
Polio (IPV or OPV)	1st Date	2nd Date	3rd Date	4th Date	
Haemophilus influenzae type B (Hib)	1st Date	2nd Date	3rd Date	4th Date **OR** 1st Date (if given on or after 15 months of age)	
Pnuemococcal Conjugate (PCV) for those born on or after 1/1/08)	1st Date	2nd Date	3rd Date	4th Date	
Hepatitis B	1st Date	2nd Date	3rd Date		
Measles, Mumps and Rubella (MMR)	1st Date	2nd Date			
Varicella (also known as Chicken Pox)	1st Date	2nd Date			

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:

Tests

Tuberculin Test Date: / / Mantoux Results: ☐ Positive ☐ Negative _____ mm

TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test.

If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: / /

Attach lead level statement

Lead Screening (Include All Dates and Results)

1 year / / Result: _____ mcg/dL ☐ Venous ☐ Capillary

2 years / / Result: _____ mcg/dL ☐ Venous ☐ Capillary

Most recent date of lead screening (if different from above):

/ / Result: _____ mcg/dL ☐ Venous ☐ Capillary

Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely. If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

(Continued on reverse side)

CHILD IN CARE MEDICAL STATEMENT *(continued)*

Health Specifics		Comments
Are there allergies? (Specify)	☐ Yes ☐ No	
Is medication regularly taken? (Specify drug and condition)	☐ Yes ☐ No	
Is a special diet required? (Specify diet and condition)	☐ Yes ☐ No	
Are there any hearing, visual or dental conditions requiring special attention?	☐ Yes ☐ No	
Are there any medical or developmental conditions requiring special attention?	☐ Yes ☐ No	

Summary of Physical Exam

Include special recommendations to child day care providers

On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in child day care. ☐ Yes ☐ No

Signature of Examiner

Address

Please Print Name

City, State, Zip

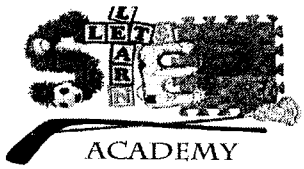
Title

( ) Phone

Date

Religious Exemptions

Public Health law Section 2164 allows a child to be religiously exempted from immunization. A written and signed statement from a parent, parents or guardian of the child stating that they object of the immunization of their child due to their sincere and genuine religious beliefs should be submitted to the day care owner, operator or administrator who shall determine whether the statement of religious belief is acceptable.



Attention Parents,

It is now required that all preschools licensed by the OCFS form a sleeping/napping agreement between the provider and the parents. We ask that you please fill out the information below and drop it at the front desk or place it in your child's backpack at your earliest convenience. Napping will continue as usual!

Thank you and have a great day,
STEP STAFF

STEP Preschool Sleeping/Napping Agreement

Parent/Guardian Name: _____

Childs Name: _____

Days of Care: circle M T W Th F

Hours of Care: Full Day_____ Half Day_____

Sleeping Arrangements:

Infants will be placed on their backs in cribs or Pack 'n Play as per NYS Regulations.

Toddlers or Preschoolers will nap on mats.

How children will be supervised:

Your child will be supervised at all times while child is sleeping in their classroom by their teacher or teacher's aide.

***Parents are responsible for supplying bedding for their children to use during naptime. Bedding will be sent home regularly to be cleaned. Children are welcome to bring any items that will make them feel at ease during nap time. i.e.- blankets, small stuffed animal, etc.

_____ _____ _____

Parent/Guardian Signature **Date** **Provider Signature**

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

DAY CARE REGISTRATION

PHOTO OF CHILD (Optional)

Child's Full Name:

Does your child have any allergies? ☐ Yes ☐ No
If Yes, what is your child allergic to?

Children who have special health care needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs please discuss these with your child-care provider.

Child's Source of Medical Care/Primary Care Physician's Name:	Telephone Number:
Child's Source of Dental Care/Dentist's Name:	Telephone Number:
Name Of Medical Care Facility/Hospital:	Telephone Number:

Would you like information on Child Health Plus? ☐ Yes ☐ No

EMERGENCY DATA

RELATIONSHIP	CONTACT NAME	TELEPHONE NUMBER DURING CHILD CARE	OTHER TELEPHONE NUMBER (Check type)
			☐ Pager ☐ Cell ☐ Other
			☐ Pager ☐ Cell ☐ Other
			☐ Pager ☐ Cell ☐ Other
			☐ Pager ☐ Cell ☐ Other

Provider/Day Care Facility Name and Address:

CHILD'S FULL NAME: | SEX: ☐ Male ☐ Female

CHILD'S HOME ADDRESS: | DATE OF BIRTH: | HOME TELEPHONE NUMBER:

DATE OF ACCEPTANCE: | DATE OF DISCHARGE:

NAME OF PERSON APPLYING FOR CHILD: | ☐ Parent ☐ Guardian ☐ Caretaker ☐ Relative ☐ Other ____ | HOME TELEPHONE NUMBER: | DAYTIME TELEPHONE NUMBER:

ADDRESS OF PERSON LISTED ABOVE: (IF DIFFERENT FROM CHILD'S):

AGREEMENTS

I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, transportation and the services provided by the facility, and the Office of Children and Family Services regulations under which it operates.

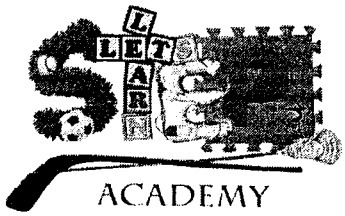
I give consent for my child to take part in neighborhood trips (i.e. library, park and playground) away from the facility under proper supervision. ☐ Yes ☐ No

In case of accident or injury, I authorize any and all emergency medical, dental, and /or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed on the other side of this card) necessary for the proper health and well-being of my child. ☐ Yes ☐ No

I have provided information on my child's special needs (Allergies, Diet, Disabilities, and /or Medical Information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency. ☐ Yes ☐ No

I agree to review and update this information whenever a change occurs and at least once every six months. ☐ Yes ☐ No

SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE | DATE:



Authorized Persons For Child Pick-Up

In my absence and as the parent/guardian of _____,
I hereby authorize the following people to drop-off and/or pick up my child from Step Academy:

Name:	Relationship:	Phone Number:
_____	_____	_____
_____	_____	_____
_____	_____	_____

PARENT SIGNATURE:_____DATE:_____