



STEP BY STEP ENRICHMENT CENTER, LLC

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## Step By Step 2023-2024 Registration Form

### PARTICIPANT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ County \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_

### SERVICE INFORMATION (choose services student will participate in)

Personal Tutor  Aftercare with homework assistance

Homeschool:  Camp  Tutoring

### PARENT/GUARDIAN INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ E-mail \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ E-mail \_\_\_\_\_

Phone number \_\_\_\_\_ Work number \_\_\_\_\_ Cell number \_\_\_\_\_

### FAMILY INFORMATION

Please list the names and phone numbers of the persons (other than parents) authorized to pick-up your child. Children will not be released to persons not listed below without written parental consent.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

### COST (indicate your preference by checking all that apply) (multi-family discount of 20% after the first child)

Monthly tuition: \$750/month  170/weekly  Tutoring: \$48/hr  \$25 Tutoring registration fee

Aftercare: \$90/wk or \$65/wk if attending school  Registration: \$275  Weekly Camp fee: \$145

\*All fees are required to be paid on the first day of service

**HEALTH INFORMATION**

The information you provide here will be held in the strictest confidence. It will be kept on file in our health binder or carried by the director when your child travels on field trips.

Child's Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Allergies:**           • Yes       • No

List of allergens: \_\_\_\_\_

If yes, please describe the severity of the reaction, requested accommodations, and what is done to manage them.

Does your child have any allergic reactions to sunscreen? • Yes       • No

May we serve your child food and beverages:   • Yes       • No

**Medical, Physical, or Emotional Conditions (including Disabilities):**

If your child does have any conditions, please provide information to assist us in providing the best experience for your child.

**Medications (including Inhalers):** • Yes       • No

If your child must take medication, please note it here. All medications must be in their original containers and be appropriately labeled. Please do not give your child's medication to them to bring; medications must be received and held by the office or with the director.

Is your child up-to-date on all state-required immunizations?   • Yes       • No

**INSURANCE INFORMATION**

Is the participant covered by family medical/hospital insurance?   • Yes       • No

Carrier or Plan Name: \_\_\_\_\_ Group #: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Relationship to participant: \_\_\_\_\_

**INDIVIDUAL CONTRACT**

To the extent allowed by law, I, the undersigned, am the parent/guardian of the individual(s) named below. I shall hold harmless, indemnify, and defend Step by Step Enrichment Center/Academy, LLC, and the officers, employees, volunteers, and agents from and against all liability, loss, damage, expense, cost of every nature, and causes of actions arising out of or regarding any negligence in the performance of this agreement. It is further understood and agreed that this waiver, release, and assumption of risk be binding on my heirs and assigns. I also release Step by Step Enrichment Center/Academy, LLC of liability for any claims arising from activity. Step by Step Enrichment Center/Academy, LLC also reserves the right to remove participants from the program if they threaten other children or abuse the privilege of the mission statement of Step by Step Enrichment Center/Academy, LLC. I hereby grant permission to Step by Step Enrichment Center/Academy, LLC to take my photo while participating in the activities to use for publicity. One parent/guardian must sign for all minors.

I have read this entire Informed Consent Agreement. I fully understand it, and I agree to be legally bound by it.

\_\_\_\_\_  
Signature of Parent/Guardian of Minor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Participant's name

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**FOR OFFICIAL USE ONLY**

**\*Please attach a copy of the child's birth certificate and insurance card.**

**PROOF OF AGE:**      • Yes • No    **Type of proof:**    • ID Card • Birth Certificate • Other: \_\_\_\_\_    **Staff Initials:**

\_\_\_\_\_ **PAID REGISTRATION FEE:**      • Yes • No    **Type of payment:** • Cash • Check • PayPal (credit card)    **Staff Initials:** \_\_\_\_\_