STEP BY STEP ENRICHMENT CENTER, LLC
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Step By Step 2026-2027 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: $800/month ☐200/weekly ☐ Tutoring: $48/hr ☐ $65 Tutoring registration fee

☐ Aftercare: $120/wk or $85/wk if attending school ☐ Registration: $300 ☐ Weekly Camp fee: $160

*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 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/LLC of liability for any claims arising from activity. Step by Step Enrichment Center, 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, LLC. I hereby grant permission to Step by Step Enrichment Center, 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

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**: _____