



## 2022-2023 Enrollment Checklist

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(Student Name)

Submit Enrollment Paperwork

- 2022-2023 Enrollment Application
- 2022-2023 Tuition Agreement (If tuition is paid in full for the year 2022-2023, you will receive a 3% discount)
- Emergency Contact Info (Review/approve previous or submit new)
- Permission Form (Review/approve previous or submit new)
- Submit/update immunization records, if needed
- Notify CSSC staff about any history of allergic reactions or food sensitivities; additional forms may be required
- Notify CSSC staff if records need to be requested from another institution.

Pay Registration Fee

- Use the Payment Link on our website [Stephens.edu/childrens-school/tuition-fees/](https://Stephens.edu/childrens-school/tuition-fees/)
- Pay by card over the phone to 573-876-7105
- Mail a check to 1200 E Broadway. Box 2006, Columbia, MO 65215

Mark your Calendars: Open House – August 19

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(Parent/Guardian Signature)

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(Date)

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(Parent/Guardian Signature)

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(Date)

**APPLICATION FOR 2022-2023 ENROLLMENT**  
**The Children's School at Stephens College**

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ as of Aug. 1, 2022  
(first and last)

Child's Birth Date: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, City, Zip Code)

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
(Area Code, Number)

Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, City, Zip Code)

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
(Area Code, Number)

Indicate the class in which you want to enroll your child:

**MORNING PRESCHOOL M-F**  
**(Must be 3 by August 1)**

Morning (8:30-11:30)  
\$4320 yr./\$480 mo.  
Registration Fee: \$75.00

**FULL DAY PRESCHOOL M-F**  
**(Must be 3 by August 1)**

Full Day (8:30-3:30)  
\$8010 yr./\$890 mo.  
Registration Fee: \$150.00

**FULL DAY MULTIAGE ELEMENTARY (K-5) M-F**  
**(Must be 5 by August 1)**

Full Day (8:30-3:30)  
\$8010 yr./\$890 mo.  
Registration Fee: \$150.00

**The Registration Fee is non-refundable unless your child cannot be placed. The maximum registration fee is \$200.00 per family.**

**EXTENDED CARE OPTIONS:** Check options you would like to use:

- |   |  |
|---|--|
| <input type="checkbox"/> Morning ONLY - \$85/month              | <input type="checkbox"/> Morning & Afternoon - \$255/month |
| <input type="checkbox"/> Afternoon ONLY - \$170/month           | <input type="checkbox"/> Hourly rate \$5.00/hour           |
| <input type="checkbox"/> Lunch Hour (Morning PreK) - \$50/month |  |

\* Please include with this application:

- Records/documentation from any previous educational placement
- Any current or past IEP (special education Individual Education Plan) or IFSP (Individual Family Service Plan) documentation/records
- Current/updated immunization records

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to:

The Children's School at Stephens College  
1200 E Broadway  
Box 2022  
Columbia, MO 65215  
or email [childrenschool@stephens.edu](mailto:childrenschool@stephens.edu)

The Children's School at Stephens College Tuition Agreement

Parent 1 Name: (First and Last): \_\_\_\_\_

Parent 2 Name: (First and Last): \_\_\_\_\_

Child Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Parent 1 Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Parent 2 Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Half Day \$4320/yr - \$480/mo  Full Day \$8010/yr - \$890/mo

Other - \_\_\_\_\_

Extended Day: 20% reduction if you are choosing a monthly option vs. hourly rate

Morning ONLY- \$85/month  Morning & Afternoon - \$255/month

Afternoon ONLY - \$170/month  Hourly rate \$5.00/hour

Lunch Hour (Morning PreK students Only) - \$50/month

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 I have received information regarding the monthly tuition charged for my child's enrollment at The Children's School at Stephens College (CSSC)

I understand that tuition is due by the last day of each month.

I understand that tuition rates may increase every September.

I understand that if I fall behind on my payments to CSSC, my child can be dismissed from the program.

Tuition Payment Policies and Procedures: Tuition payments are due in full to the Accounting Office by the end of each month. Please submit payments to the Stephens College Accounting Office, 1200 E. Broadway, Box 2006 Columbia, MO. 65215 or CSSC by the due date.

Delinquent Payment Policy: If, after two months, no payments or unauthorized partial payments have been made to the CSSC, the School will send a notice home indicating that you have 14 days to notify us of your reason for delinquency and develop a payment plan with the Accounting Office. If no contact has been made after the 14 days notice, the child(ren) will be dropped from the program within seven days. A letter will be sent home indicating your child's last day and the expectation of restitution of the full amount due. If no payment has been made after 3 consecutive months, your account will be referred to collections and no longer handled by Stephens College.

Authorized Payment Plan: Authorized payment plans may be arranged with the Stephens College Accounting Office under unusual circumstances and at the discretion of CSSC. If a payment plan has been arranged, the plans must be adhered to. If you are unable to adhere to the payment plan you must contact the Accounting Office immediately (573-876-7105). The child(ren) will be dis-enrolled from the program if you are unable to adhere to a payment plan after one month's lapse in arranged payment plan. A dis-enrollment letter will be sent home indicating the child(ren)'s last day and the expectation for restitution of full amount due. In addition, your account will be referred to collections and no longer handled by Stephens College.

Having read and understood these conditions, I/we agree to adhere to the above CSSC Policy

Parent Signature & Social Security #: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature & Social Security #: \_\_\_\_\_ Date: \_\_\_\_\_

Program \_\_\_\_\_

## EMERGENCY INFORMATION

The Children's School at Stephens College  
2022-2023

CHILD'S NAME \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

### In case of illness or an emergency, please list the

1<sup>st</sup> contact name & number: \_\_\_\_\_

2<sup>nd</sup> contact name & number: \_\_\_\_\_

Other Caregiver's (i.e., non-custodial parent, grandparents, daycare provider, etc):

Name (first & last)	Home Phone	Work Phone	Cell Phone	Email

Name of Person(s) to contact when parent/guardian cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

•In case of serious injury to your child and you cannot be located, the physician and preferred hospital to be used are:

Doctor/Clinic Name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Name \_\_\_\_\_ Phone \_\_\_\_\_

List names of persons authorized to pick child up from school (children will not be released to anyone except the following and they will need to provide identification)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

The Children's School at Stephens College  
Student Permission Form

Student Name: \_\_\_\_\_

1. I am aware that The Children's School at Stephens College is a laboratory school and Stephens College students will interact with the children as a part of their required course work or research project. I give permission for my student to participate in such interaction.

I Agree                       I DO NOT Agree

2. I give permission for my student to be videotaped, audiotaped, and photographed for educational purposes.

I Agree                       I DO NOT Agree

3. I give permission for my child's photography to be used for promotional purposes.

I Agree                       I DO NOT Agree

4. I give permission for my child to be photographed/videoed and posted to the CSSC/Stephens College social media platform.

I Agree                       I DO NOT Agree

5. I give my permission for my child to be a part of walking field trips on the Stephens College campus.

I Agree                       I DO NOT Agree

6. I give my permission for my child to be added to a school-wide directory that will be distributed to all families.

I Agree                       I DO NOT Agree

**Stephens Emergency Alert**- The Stephens Alert page is your resource for all emergency information, including weather closures. We encourage all Stephens community members to sign up for notifications about emergency alerts issued by the College.

Register for Rave Alerts here- <https://www.getrave.com/login/stephens>

By signing below, I understand that I have given permission to the above marked events and policies. I have been given adequate opportunity to contact CSSC to have my questions/concerns addressed, and I certify that I understand the terms and conditions of the statements listed above.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date