



## 2024-2025 Enrollment Process

- Complete 2024-2025 Enrollment Application and pay application fee.
- Received an accepted application email with enrollment paperwork.
- Completed enrollment paperwork:
  - 2024-2025 Tuition Agreement (If tuition is paid in full for the year 2024-2025, you will receive a 3% discount).
  - Emergency Contact Information (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.
  - For financial assistance, fill and return the Tuition Assistant Form (attached).

## **Stephens College Children's School Tuition Payment Agreement**

This tuition agreement will serve as a document to hold all financial information for the 2024-2025 school year. This agreement will highlight key responsibilities between Stephen's College Accounting Office, Children's School Administration, and the Guardians of students attending The Stephens College Children's School. This is a binding payment agreement between the Guardians and Stephen's College.

### **Stephen's College Accounting Office Contact Information:**

Stephen's College Accounting Office: 1200 E. Broadway, Box 2006 Columbia MO 65215.

Email: [accounting@stephens.edu](mailto:accounting@stephens.edu) Phone: 573-876-7105

### **Payment Schedule:**

Payments are made to the Accounting Office by the 10<sup>th</sup> day of each month.

### **Method of Payment:**

Square, USAePAY, Check, or call to make a phone payment.

### **Invoices:**

Invoices are generated and mailed before the 20<sup>th</sup> for the upcoming services month. Invoices are mailed to the address provided in this agreement.

In addition, a digital invoice via Square is sent prior to the 20<sup>th</sup> for the upcoming month of services to the email address provided in this agreement.

If the payment has not been made you will receive a reminder email from Square seven days before the due date and on the due date.

A past-due reminder is sent on the first and third day after the due date if the payment has not been paid.

### **Termination Clause:**

Payments are due by the 10<sup>th</sup> of each month. If we have not received a payment by the due date and/or unauthorized partial payments, The Accounting Office will certify mail a notice to the Guardian(s) at the address provided to us in the Tuition Payment Agreement.

If the Guardian reaches a payment agreement, the Accounting Office will notify the Children's School of this agreement and note it in the excel workbook in Teams.

If no contact has been made after ten days' notice, the Accounting Office will notify the Children's School Administration that the child(ren) needs to be financially withdrawn from the program.

The Accounting Office will certify mail a letter to the address provided in the tuition agreement indicating their last day and the restitution of the full amount due.

If no payment has been made after three consecutive months, the Accounting Office will send the account to collections.

**Family Information:**

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

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

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

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

Social Security #: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email address: \_\_\_\_\_

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

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

Social Security #: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email address: \_\_\_\_\_

**Service Selection**

Tuition:

- Half Day PreK: \$4,540/year - \$505/month
- Full Day Prek: \$8,410/year - \$935/month
- Full Day Elementary (K-5<sup>th</sup>): \$8,250/year - \$915/month

Extended Day:

- Morning ONLY- \$90/month
- Morning & Afternoon - \$270/month
- Afternoon ONLY - \$180/month
- Monthly Package - 10 hours -\$50/month

Incentives:

- 10% Sibling Discount
- 3% Discount Paid in Full

**Disclaimer:**

Tuition can only be changed prior to the upcoming month of service. Selection cannot be changed mid-month of service.

- 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 10<sup>th</sup> 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.

Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Children's School Administration Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Accounting Office Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**INTERNAL:**

- Family information has been added to:
  - Excel Workbook
  - Great Plains
  - Square
- Tuition selections have been added to recurring invoices:
  - Great Plains
  - Square

Program (elementary/preschool) \_\_\_\_\_

## EMERGENCY INFORMATION

The Children's School at Stephens College  
2024-2025

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 \_\_\_\_\_

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

**FAMILY INFORMATION**

Members of Household	Relationship to Child	Occupations
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**For Preschool Families:**

Have you ever participated in Parents as Teachers? \_\_\_\_\_  
If yes, who was the Parent Educator? \_\_\_\_\_  
Do we have your permission to contact the Parent Educator? \_\_\_\_\_

**Has your child ever been hospitalized? Yes \_\_\_ No \_\_\_ If yes, please explain**  
\_\_\_\_\_

**Is your child currently taking medication? \_\_\_ Prescription \_\_\_\_\_  
\_\_\_ Non-prescription \_\_\_\_\_**

**Has your child ever or does your child currently wear glasses or have vision concerns?**

**Has your child ever worn a hearing aid or had hearing concerns? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Has your child ever received any of the following:**

	Recommended	Previous	Current
Occupational therapy	_____	_____	_____
Speech/language therapy	_____	_____	_____
Physical therapy	_____	_____	_____
Psychological evaluation	_____	_____	_____
Behavioral screening	_____	_____	_____
Allergy testing	_____	_____	_____
Other (please explain):	_____	_____	_____

**Has your child ever had an IEP, 504, or an ISFP? Yes \_\_\_ No \_\_\_**

**Has your child ever attended another school/program? Yes \_\_\_ No \_\_\_**

**Name of school/program** \_\_\_\_\_,  
**Address** \_\_\_\_\_, **City** \_\_\_\_\_, **State** \_\_\_\_\_,  
**Zip Code** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Reason for leaving:** \_\_\_\_\_

**Does your child have any history of allergic reactions or food sensitivities? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If yes, please describe:** \_\_\_\_\_

**Is there any additional information you feel the school should have in order to better understand your child and family?** \_\_\_\_\_

# The Children's School at Stephens College

## Request for Reduced Tuition Confidential Application - School Year 2024-2025

**\*\*Please note – assistance is only given to students enrolled in Full Day Programs\*\***

I am applying for reduced tuition for the following children:

Name: \_\_\_\_\_ Class: \_\_\_\_\_

Name: \_\_\_\_\_ Class: \_\_\_\_\_

Name: \_\_\_\_\_ Class: \_\_\_\_\_

**Parent Information:** (Use additional sheets if necessary; please type or print)

**Parent 1:**

Full Name:

Address:

Home Phone:

Work Phone:

Employer:

Title:

Company Address:

Company Phone:

**Parent 2:**

Full Name:

Address (if different):

Home Phone:

Work Phone:

Employer:

Title:

Company Address:

Company Phone:

Please list all sources and amounts of income.

<b>Sources of income</b>	<b>Monthly</b>	<b>Annually</b>
Parent 1 job #1		
Parent 1 job #2		
Parent 2 job #1		
Parent 2 job #2		
Public Assistance		
Child support		
Alimony		
Insurance or other 3rd party		
Other _____		

TOTAL

Continue on back



**Please attach a document explaining your need for financial assistance.**

The Children's School at Stephens College offers a limited number of reduced tuition grants. Please be sure to ask only for the amount of reduction absolutely necessary for your child(ren) to remain in school.

I am seeking a reduction of \_\_\_\_\_% (15% is the maximum) or \$\_\_\_\_\_ per child for the upcoming academic year. The total amount requested for the family is \_\_\_\_\_% or \$\_\_\_\_\_.

How will you pay the balance due?

\_\_\_\_\_ all at once beginning September 2022

\_\_\_\_\_ monthly in 9 installments beginning September 2022

\_\_\_\_\_ other \_\_\_\_\_

I hereby certify that all of the above information is true, complete, accurate, and correct to the best of my knowledge. I give the school permission to verify any information.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

If you have any questions, please call our office, (573)876-7260.