

CHILD CARE ENROLLMENT PACKET



ENROLLMENT REGISTRATION INFORMATION

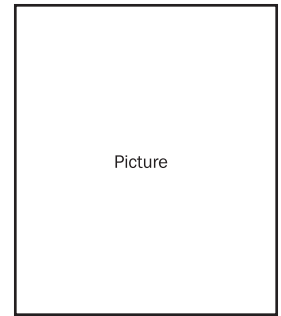
Pages 1 and 2 must be updated every January and July.

Parent Updates _____ (Signature) (Date)
Parent Updates _____ (Signature) (Date)
Parent Updates _____ (Signature) (Date)

School Code: _____

Date of Registration: _____

Date of Termination Status: _____



CHILD INFORMATION

Name of Child (Last, First, Middle Initial): _____

Nickname: _____ Age: _____ Sex: _____ Date of Birth: _____

Child's Primary Language: _____ Parent/Guardian's Primary Language: _____

Home Email Address: _____ Home Phone: _____

Child's Home Address: _____

Parent/Guardian Marital Status: Single Married Divorced Widowed Primary Residence: Mother Father Both Guardian

List the family members your child lives with—include names and ages of siblings: _____

Circle Days to Attend: AM MON TUES WED THU FRI Arrival Time: _____ Departure Time: _____

PM MON TUES WED THU FRI Arrival Time: _____ Departure Time: _____

Meals While in Care: Breakfast _____ A.M. Snack _____ Lunch _____ P.M. Snack _____

SCHOOL-AGE INFORMATION

Does your child attend school? Yes No Elementary School Name: _____ Grade in School: _____

School Address: _____ School Phone: _____

School Start Time: _____ School End Time: _____

School Transportation Provided By: Elementary School Parent/Guardian Stepping Stones ECDC, Inc. Other

Circle Days to Attend: AM MON TUES WED THU FRI Arrival Time: _____ Departure Time: _____

PM MON TUES WED THU FRI Arrival Time: _____ Departure Time: _____

Meals While in Care: Breakfast _____ A.M. Snack _____ Lunch _____ P.M. Snack _____

PRIMARY CONTACT AND RELEASE PERSONS

Parent/Guardian #1: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Home Email Address: _____

Driver's License Number/State: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Parent/Guardian #2: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Home Email Address: _____

Driver's License Number/State: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Parent/Guardian Signature: _____

Date: _____



ENROLLMENT REGISTRATION INFORMATION

EMERGENCY CONTACT AND RELEASE PERSONS

Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of emergency. Check the "Emergency Contact and Release" box, as the persons listed will also be authorized to pick up or accompany the child for the purposes of medical treatment. We will not release a child to anyone (other than the parent) under the age of eighteen (18), including siblings. Additionally, please list the persons you would like to be authorized for pick-up only on a given day (i.e., babysitter). For these persons, check the "Release Only" box. For the safety of your child, we will request all authorized release persons with whom staff are not familiar to provide government-issued photo identification at the time of pick-up. You may also be required to complete state-specific emergency release forms required by individual state child care licensing regulations.

Mandatory:

Name #1: _____

Relationship to Child: _____

Home Phone: _____

Cell Phone: _____

Home Address: _____

Gov Issue Photo ID Type: _____

Employer: _____

Employer's Address: _____

Work Phone/Extension: _____

Work Hours: _____

Emergency Contact and Release Release Only

Optional:

Name #2: _____

Relationship to Child: _____

Home Phone: _____

Cell Phone: _____

Home Address: _____

Gov Issue Photo ID Type: _____

Employer: _____

Employer's Address: _____

Work Phone/Extension: _____

Work Hours: _____

Emergency Contact and Release Release Only

Optional:

Name #3: _____

Relationship to Child: _____

Home Phone: _____

Cell Phone: _____

Home Address: _____

Gov Issue Photo ID Type: _____

Employer: _____

Employer's Address: _____

Work Phone/Extension: _____

Work Hours: _____

Emergency Contact and Release Release Only

If you want a person who is not identified above to pick up your child, you must notify school staff in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into the school because you are unable to submit your authorization in writing, we will use your personal information from this packet to verify your identity.

For all children's safety, it is critical to use your secured access to enter the building and sign in your child according to state child care licensing regulations. To ensure the safety of our school's staff and children, please do not share your secured access with anyone else. If you must pick up your child after closing time, you will be charged a late fee per every 15 minutes or portion of 15-minute period, per child, until the child(ren) is/are picked up. Per state licensing regulations, we may be required to contact local authorities after a certain amount of time. Please see your director for additional information.

Name of Child: _____

Date: _____

ENROLLMENT REGISTRATION INFORMATION

ENROLLMENT AGREEMENT

Name of Child (Last, First, Middle Initial): _____

Date of Birth: _____

Parent/Guardian Name: _____

Please initial each section listed below, then sign and date the last page.

SECTION 1: TUITION AND FEES

_____ **BASIC SERVICES:** I understand that Stepping Stones ECDC, Inc. provides childcare and development services for families with _____ children 6 weeks to 12 years of age. Enrollment ages may vary by availability and location.

_____ **REGISTRATION FEE:** I understand that the payment of a non-refundable registration fee is required on an annual basis in a calendar month as determined by the school.

_____ **TUITION AND MODIFICATIONS CONDITIONS:** \$ _____ per week is the current tuition rate for the program I have chosen. I understand that rates are subject to change with reasonable notice as conditions require. The school follows state-specific required time frames on tuition and modifications notices.

I have enrolled my child in the following program(s): _____

Days (Check all that apply): M T W TH F From _____ a.m./p.m. to _____ a.m./p.m.

_____ **PAYMENT OF TUITION:** I understand that tuition is due and payable, on the first day of attendance each week. Appropriate alternate Tuition Fees must be paid during school breaks.

_____ **LATE OR UNPAID TUITION:** If payment in full is not received when due, I agree to pay a late payment fee of \$30 per week that tuition is not received. All late fees are subject to change with reasonable notice. The school follows state-specific required time frames on tuition and modifications notices. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

_____ **AGENCY REIMBURSEMENT:** In instances of agency reimbursement, the Registration Fee is to be paid according to the applicable contract. I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes. If I fail to properly enter or swipe attendance for any day my child is in attendance, I understand that I am solely responsible for the payment of tuition. Unless my state prohibits disclosure of such information I am responsible for promptly communicating any changes in status that would affect my agency reimbursement.

_____ **CHARGES AND PROCEDURE FOR LATE PICK-UP:** My school is open from _____ a.m. to _____ p.m., Monday through Friday, all year, except for holidays. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$15 per every 15 minutes or portion of 15-minute period, per child, until the child is picked up.

_____ **ADDITIONAL FEES:** School-age camp will be open during the summer months and scheduled school breaks according to the local public school calendar. Summer Camp children and children attending during scheduled school breaks may pay a separate Activity Fee for attendance. All other age groups may be subject to Activity Fees as well. In instances of agency reimbursement, Activity Fees may be my responsibility. Please consult the director for details.

_____ **DISCOUNTS:** I understand that if I have more than one child enrolled and attending from my immediate family, a _____ % discount from the usual tuition fee is offered to me and is applied to the child(ren) with the lowest tuition rate(s). These discounts are only available to those accounts when full tuition is paid in advance. Discounts are not applicable on any fees or services, agency co-pays, or special program promotions and cannot be combined with any other discount or promotion.

_____ **RETURNED CHECKS:** I understand that a processing fee will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any non-sufficient funds checks will be automatically resubmitted electronically up to three times. I further understand that once a check has been processed electronically, the check is no longer negotiable and will not be returned. If more than two checks are returned within a six-month period, I will be required to pay by an alternate method of payment for the next six-month period. If my school uses TeleCheck, I am authorizing the payee, or its agent, upon receipt of my check, to convert the check to an electronic payment item or draft and to submit it for payment as an ACH debit entry or draft to my account, in accordance with the same terms and conditions as my check. In the event that my check is returned for non-payment, TeleCheck will make up to two additional electronic collection attempts and, if needed, by paper draft thereafter. The maximum fee allowed by state law will be charged for all returned checks. I am responsible for the principal amount plus all returned check fees.

SECTION 2: DAILY PROCEDURES

_____ **DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every day using the school's attendance procedure. If I neglect to do so, I may be charged a maximum fee of \$5.00 per missed sign-in or sign-out. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day. In states where a manual signature is required due to state child care licensing regulations, I agree to complete the required computer and manual sign-in and sign-out procedures.

_____ **ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to the Re-admission Criteria in the Family Handbook

_____ **MODEL RELEASE:** The company, its agents, affiliates, and licensees, may may not use photographs, reproductions, images, or sound recordings of my child for advertising, publicity, or any other lawful purpose.

Name of Child: _____

Date: _____

ENROLLMENT REGISTRATION INFORMATION

_____ **PHOTOGRAPHS, VIDEOS, AND AUDIO TAPES:** I understand and agree that, in consideration for being allowed to photograph, videotape, or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publicly display, or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in the school or staff.

_____ **INTERVIEWING CHILDREN AND INSPECTING RECORDS:** I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.

_____ **WITHDRAWAL FROM PROGRAM:** I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, he or she will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete a new *Enrollment Agreement* at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration, or Activity) are non-refundable.

SECTION 3: HOLIDAYS, ABSENCES, AND CLOSINGS

_____ **HOLIDAYS:** I understand the school is closed on the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Day, as well as either Martin Luther King, Jr. Day or Presidents' Day for in-service training. I agree that I will not receive a refund, credit, or other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

_____ **ABSENCES/VACATIONS:** I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make-up days shall be made for occasional absences (i.e. sickness). A reservation fee of 50% off my regular week's tuition will be due for each absence of one full school week (Monday through Friday) with advance notice to the director, if possible. I agree to pay the reservation fee of \$ _____ per week to guarantee my child's space when my child is not in attendance for an entire school week (Monday through Friday). My regularly contracted tuition is due for all weeks when my child attends any part of the week. There is no credit given for single days. I also understand that if I withdraw my child during a vacation, I will be required to pay a new non-refundable registration fee upon return.

_____ **EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION:** I understand that it is the company's intention to be open and provide child care service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster, or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather or a natural/national disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three (3) business days.

SECTION 4: STATE LICENSING AND OUR POLICIES

_____ **ALL POLICIES AND STATE REGULATIONS:** I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations, the *Family Handbook*, and all other company policies, which may be modified at any time, without notice. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all policies and state regulations.

_____ **FAMILY HANDBOOK:** I have received a copy of the *Family Handbook*. I have read and understand its contents and policies and agree to be bound by same.

_____ **NO MODIFICATIONS:** No terms of this Agreement may be altered, revised, modified, or deleted by any person except in cases of policy change or rate change to which both the director and I must initial. Any alterations, revisions, modifications, or deletions of any term of this Agreement are null and void.

_____ **LIFEMART:** As an enrolled parent, I understand that I am eligible to receive discounts through LifeMart. LifeMart is a private online marketplace featuring deals and discounts from today's most popular brands. I do do not want to receive an email regarding this program.

We do not discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided thereunder, is available from the director.

These policies have been reviewed with me by school management. I understand and will comply with the policies included in the *Enrollment Agreement and Family Handbook*. The policies in this contract will supersede all other previous documents.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Name: _____

Name of Child: _____

Date: _____

ENROLLMENT REGISTRATION INFORMATION

Child's Name: _____
Date of Birth: _____
Emergency Contact (Name and Phone Number): _____

MEDICAL INFORMATION

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

In the event of a medical issue requiring a physician's care, would you like us to call your family physician?

Yes _____ No _____ If yes, please provide the following information:

Physician's Name: _____ Phone Number: _____
Address: _____ City: _____ State: _____ Zip: _____

I (we) _____ and _____, do hereby state that I am (we are) parent(s)/legal guardian(s) of _____, a minor child age _____, born on _____, who resides with me (us) at _____. I (we), _____ authorize, for emergency purposes only, a school-designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of _____.

Preferred Hospital/Clinic for Acute Care and Emergency Care: _____

Dentist Name: _____ Practice/Clinic Name: _____

Address: _____ Phone: _____

Health Insurance Provider and Policy Number: _____

Secondary Health Insurance Provider and Policy Number: _____

Last Tetanus/Diphtheria Booster: _____

Allergies to Drugs, Foods, or Other: _____

Please list any special medications or pertinent information: _____

Parent/Guardian Signature: _____

Appeared Before Me and Produced _____ **as identification. Date:** _____

Director Signature: _____ **Print Name:** _____

I (we) also authorize the school to evacuate in case of emergency. I understand that the evacuation site is posted in the school and listed in the *Family Handbook*.

AUTHORIZATION FOR TRANSPORTATION AND FIELD TRIPS

The school may plan carefully arranged, supervised special trips for the children away from the school that do not require bus transportation. You will be notified in advance of all trips. These include children taking walks and infants strolling in their buggy. I give the school permission to take my child on these field trips.

Parent/Guardian Signature: _____ **Date:** _____

PARENTS/GUARDIANS OF CHILDREN AGES 4 YEARS OLD AND OLDER ONLY

I give the school the permission to transport my child for the purposes of field trips that require bus transportation and/or transportation to or from his or her local school.

By signing below, I affirm that my child is at least 4 years old and 40 pounds or more.

Parent/Guardian Signature: _____ **Date:** _____

Name of Child: _____

Date: _____

ENROLLMENT REGISTRATION INFORMATION

INFANTS (LESS THAN 12 MONTHS):

Did the child experience any complications at or before birth or require any extended hospital stay (more than 2 days beyond birth)? Yes _____ No _____

If yes, explain:

Please provide medical documentation. Accommodations may require an Enrolling Children with Special Needs Packet.

Has the child experienced any respiratory issues that require medication, breathing treatments or other special accommodation? Yes _____ No _____

If yes, explain:

Please provide medical documentation. Accommodations may require an Enrolling Children with Special Needs Packet.

Name of Child: _____

Date: _____

ENROLLMENT REGISTRATION INFORMATION

CHILD PROFILE

Child's Name: _____

Age: _____

Date: _____

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

1. What would you like most for your child to experience with us?

2. What does your child enjoy doing the most?

3. What are your child's favorite toys?

4. With whom does the child reside? Please list names and relationships to child, and names and ages of other children:

ADULTS:	Name: _____	Relationship: _____
	Name: _____	Relationship: _____
	Name: _____	Relationship: _____
CHILDREN:	Name: _____	Age: _____
	Name: _____	Age: _____
	Name: _____	Age: _____

5. Who also cares for your child(ren)? _____

6. What language is spoken in your home? _____

7. Does your child have any medical or physical needs? Explain:

8. Does your child have any allergies? Explain:

9. What are the foods your child likes best? _____

Least? _____

10. What are your child's mealtime routines at home? _____

11. How many hours of sleep does your child receive at night? _____

12. Does your child need to be awakened in the morning to attend the school? _____

13. What are your child's sleeping arrangements? Check appropriate answer.

Own room Shares room with _____ Sleeps in crib Sleeps in bed

14. What are your child's bedtime rituals? _____

Name of Child: _____

Date: _____

ENROLLMENT REGISTRATION INFORMATION

15. Does your child take naps? Yes No How long? _____

16. Non-Infant Enrollment Only: Does your child need a comfort item for a nap? Yes No

17. What words are spoken in your house for toileting? _____

18. How does your child express anger or react to frustration? _____

19. Does your child have any particular fears? _____

20. How does your child react to change (such as being left by parents)? _____

21. How does your child comfort himself/herself? _____

22. What are your child's play interests (preference for creative, dramatic, or construction play)? _____

23. How do you discipline your child? _____

24. When did your child begin to use language? _____

25. How would you describe your child (personality characteristics)? _____

26. What do you enjoy the most about your child? _____

27. Is there anything else in your child's experience you would like to tell us so we can better meet your child's needs?

28. Has your child had previous preschool experiences? _____

29. Are you available to help us with field trips or other special events? _____

30. Do you have a special interest or hobby you would like to share with the children? _____

31. What family or cultural traditions are important in your home? _____
Would you be willing to share these traditions with the children? _____

Parent/Guardian Signature: _____

Date: _____

Name of Child: _____

Date: _____

ENROLLMENT REGISTRATION INFORMATION

MEDICAL HISTORY

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Distinguishing Marks: _____ Date of Birth: _____

1. Medication that will be administered regularly at the school: _____

2. Special Dietary Needs: _____

3. Is your child able to walk? Yes No Explain: _____

4. Can your child effectively communicate his or her needs? Yes No Explain: _____

5. Is your child toilet trained? Yes No

Please provide special instructions concerning any other illnesses, as necessary: _____

Allergies (please check and list all that apply)

Medications Allergen: _____

Reaction: _____

Food Allergen: _____

Reaction: _____

Other: _____ Allergen: _____

Reaction: _____

Are any of the allergies severe or life-threatening? Yes No If yes, please provide special instructions:

Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider, employer, and lender.

Name of Child: _____

Date: _____

ENROLLMENT REGISTRATION INFORMATION

ENROLLMENT CHECKLIST

Please review the entire Enrollment Registration Information Packet and Family Handbook with each family. Be sure that all forms are filled out completely with appropriate signatures. Review the child's health record and immunizations for state compliance to ensure the physician has stamped/signed it and has filled in all the necessary dates.

OBTAIN SIGNED FORMS FROM FAMILY

- Completed *Enrollment Registration Information Packet* (Staple the carbon copy of the *Enrollment Agreement* to the back pages of the *Family Handbook*)
- Family Handbook Acknowledgement*
- Child Information Card* (if applicable)
- Other state or federal required forms: _____

REVIEW WITH FAMILY

- | | |
|--|---|
| <input type="checkbox"/> The child's first day | <input type="checkbox"/> Immunization/health information |
| <input type="checkbox"/> Child guidance and classroom management (discipline policy) | <input type="checkbox"/> Annual registration fee |
| <input type="checkbox"/> Tuition payment schedule, amounts, and due dates | <input type="checkbox"/> Late fees |
| <input type="checkbox"/> Parent conferences and other communications, what to expect daily and/or weekly | <input type="checkbox"/> Vacation policy |
| <input type="checkbox"/> Process and procedures of security access | <input type="checkbox"/> Special needs |
| <input type="checkbox"/> Authorized pick-up, late pick-up policy and emergency controls | <input type="checkbox"/> Absenteeism policy |
| <input type="checkbox"/> Child custody documents (if applicable) | <input type="checkbox"/> Sick policy |
| <input type="checkbox"/> Clothing and other items to bring (labeled) | <input type="checkbox"/> Meals |
| <input type="checkbox"/> Any pick-up restrictions | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Any field trip restrictions | <input type="checkbox"/> Security deposit (if applicable) |
| <input type="checkbox"/> Any photo restrictions | <input type="checkbox"/> Medication policy |
| | <input type="checkbox"/> Relevant curriculum features for child's age group |
| | <input type="checkbox"/> Infant/Toddler Needs Services Plan (if applicable) |
| | <input type="checkbox"/> Review Emergency and Disaster Plans |

The information above was reviewed with me and all of my questions have been answered to my satisfaction. I have a clear understanding of Stepping Stones ECDC, Inc.'s policies.

Name of Parent/Guardian: _____

Relationship: _____

Signature: _____

Date: _____

Name of Director: _____

Signature: _____

Date: _____

Name of Child: _____

Date: _____

**LEARN.
PLAY.
GROW.**

(844) 783-7543

www.steppingstonesdfw.com

