STEPPING STONES CENTER
Serving Persons With Disabilities

SATURDAY KIDS CLUB REGISTRATION FALL/WINTER 2009 AND SPRING 2010

Rate $45 AGES 6-16

Registration will be complete ONLY when the following are included or are on file at Stepping Stones:

1. Current Application For Enrollment (9 pages) Must be updated yearly. (Current participants - your expiration date is above name on mailing label)
2. Recent Picture (must be mailed, cannot be faxed)
3. Registration Page
4. Current Plan (for individuals using Level One or IO Waiver-must be emailed to nicole.allen@steppingstonescenter.org) Faxes are NOT acceptable.
5. The first two pages of your IRS Federal Tax Return (only if you are requesting financial aid)

Please check requested dates below

All **Completed** applications ***must be received by:***

2009	
SEPT 19 _____	AUG 28
OCT 3 _____	SEP 11
OCT 17 _____	SEP 25
NOV 7 _____	OCT 16
NOV 21 _____	OCT 30
DEC 12 _____	NOV 20
2010	
JAN 9 _____	DEC 18
JAN 23 _____	JAN 4
FEB 6 _____	JAN 15
FEB 20 _____	JAN 29
MAR 6 _____	FEB 12
MAR 20 _____	FEB 26
APR 3 _____	MAR 12
APR 17 _____	MAR 26
MAY 8 _____	APR 16

Confirmations will be sent in mail prior to event

Applicant Name_____ **Contact Name** _____
First Last First Last

Contact Daytime Phone Number (_____) _____ **Contact Email** _____

You will be billed for services. Please check your form of payment.:

____Requesting Financial Aid (see below)
____ Cash
____ Check (There is a $20 charge for all returned checks) (Make out to Stepping Stones Center)
____ Money Order (Make out to Stepping Stones Center)
____ Credit Card (Master, Visa, Discover, American Express) (Please call our billing dept. @ 513-831-4660 ext 17 to pay by credit card)
____ Family Resources Voucher (Please include voucher if you have it)
Contact _____Phone (_____) _____
____ Job & Family Service Voucher Child Care Voucher (Please include voucher if you have it)
Contact _____ Phone (_____)_____
____ Third Party Funding Organization (Grant, Scholarship, etc)_____
Contact _____ Phone (_____) _____
____ Waiver* County _____
Service Facilitator _____Phone (_____) _____
Email _____

*_CURRENT PLAN MUST BE EMAILED_ to nicole.allen@steppingstonescenter.org unless already on file with Stepping Stones. (Faxes are NOT acceptable)

Financial Aid

If you are a private payer, you may be eligible for financial assistance. Please see the box to the right to determine eligibility. If you believe you are eligible, please submit the first two pages of your latest IRS Federal Tax Return and someone will get back to you to discuss your eligibility.

Family Size	Annual Income**
1	20,500
2	27,400
3	34,400
4	41,300
5	48,300
6	55,200
7	62,200
8	69,200

**Adjusted gross income from IRS Form 1040EZ, 1040A or 1040

Please mail or fax completed registration to:
Client Services
Stepping Stones Center
5650 Given Rd.
Cincinnati, OH 45243

Phone 513-831-4660 Fax 513-831-5918

BBB ACCREDITED CHARITY bbb.org

United Way
United Way of Greater Cincinnati