STEPPING STONES CENTER
Serving Persons With Disabilities

SATURDAY KIDS CLUB REGISTRATION FALL/WINTER 2010 AND SPRING 2011

Rate $50 One on One Rate $100 Ages 5-16

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 or emailed to mbrooks@steppingstonescenter.org (faxed photos are NOT acceptable).**
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)**
6. **Current Behavior Plan (If applicable)**

2010

Please check requested dates below	Completed paperwork MUST be received by
Sep 18 _____	Sep 1
Oct 9 _____	Sep 17
Oct 23 _____	Oct 1
Nov 6 _____	Oct 15
Nov 20 _____	Oct 29
Dec 11 _____	Nov 19
Dec 18 _____	Nov 26

2011

Please check requested dates below	Completed paperwork MUST be received by
Jan 8 _____	Dec 17
Jan 22 _____	Jan 3
Feb 5 _____	Jan 14
Feb 19 _____	Jan 28
Mar 12 _____	Feb 18
Mar 19 _____	Feb 25
Apr 2 _____	Mar 11
Apr 16 _____	Mar 25
May 7 _____	Apr 15

Confirmations will be sent in mail prior to requested dates

Applicant Name_____ **Age** _____ **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* (check one) Independent Options_____ Level One _____ Ohio Homecare (for overnight stays only) _____
Please contact your Service Facilitator to initiate the funding approval process BEFORE submitting this registration.
County _____
Service Facilitator _____**Phone (_____)** _____
Email _____

******CURRENT PLAN MUST BE EMAILED*** **by your SSA, Service Facilitator or Case Manager 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.

Please Note: Financial aid will be granted on a first come basis, and limits exist as to the amount available per program.

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

BBB ACCREDITED CHARITY bbb.org

United Way
United Way of Greater Cincinnati

5650 Given Rd. Cincinnati, Oh 45243 513-831-4660 513-831-5918 (fax) email: clientservices@steppingstonescenter.org