

Registration Form 2008-2009

Stepping Stones

5840 East Evans Avenue
Denver, CO 80222
303-388-1198

Before registering for the Stepping Stones program, I/We understand and agree to:

Attend sessions for the purpose of sharing in family experiences with my/our child and hearing about the content my/our child is being exposed to in class.

Be supportive of my/our child during the Stepping Stones experiences both in home and at school

Discuss Stepping Stones as a family with my/our child, so he/she will feel a part of the decision making process

Name of child	Age	M/F	Grade as of 9/08	School	Birth Date

Name of Parents/Guardians _____

Religious Heritage of Parents/Guardians: _____

Occupation of Parents/Guardians: _____

Signature of Parent/Guardian

Signature of Parent/Guardian

Street Address: _____

City, State & Zip: _____ Home Phone #: _____

Family email address: _____

Work #: _____

Work #: _____

Cell or Pager #: _____

Cell or Pager #: _____

Where do child's grandparents reside? _____

Grandparent(s) names: _____

Grandparent(s) addresses: _____

What are your expectations of the program for your children?

What are your expectations of the program for yourself (and your partner...if applicable)?

How did you find out about the Stepping Stones program?

(If possible, please be specific about the name of the publication/source or name of person who referred you etc...)

One year of programming per family costs Stepping Stones \$2,800. Stepping Stones provides this service to our families for \$180 per semester. The registration fee of \$180.00 per semester (check payable to Stepping Stones) includes books and supplies. This fee is due at registration time or payment arrangements can be made. If you pay for the full year by September 30th, you will receive a discount of \$20 from your full year's tuition of \$360. No one will be denied participation in the program due to an inability to pay this fee.

_____ Amount Enclosed

_____ Date Received (**Office Use Only**)

Stepping Stones
Medical Release Form

In case of a medical or surgical emergency, I hereby give permission to the physician selected by Stepping Stones to hospitalize, secure treatment for, and order injection, anesthesia or surgery for my child after first attempting to contact me and the Doctor named below, if time permits.

Student Name _____

Student Name _____

Student Name _____

Parent's Name _____

Address _____

Phone: Home _____ Parent/Guardian work/cell _____

Parent/Guardian work/cell _____

Doctor _____

Phone _____

Name of emergency contact _____

(Relative or friend)

Phone _____

Signature of Parent _____ Date _____

Stepping Stones
Confidential Information

Is there any other information about your family which would help us provide better care for your child/children? (i.e. - family situation, who your child lives with, etc...)

Is there any information about your child/children that would help us in planning our programs?

Photo and Video Release Form

Stepping Stones **has my permission** to photograph and/ videotape my family during programs for possible use in future print and internet marketing and publicity.

Signature of Parent or Guardian

Date

Stepping Stones **does not have my permission** to photograph my family during programs for possible use in future print and internet marketing and publicity.

Signature of Parent or Guardian

Date