

Office Use Only
Alumni Year _____

Registration Form 2009-2010
**Stepping Stones/Pebbles
Alumni Program**

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

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

- *Attending programs with the intent on furthering the religious identity of our family*
- *RSVP whether you are attending/not attending each program*
- *Discussing experiences with children*

Registration form

I/We Participated in: Stepping Stones Family Pebbles (circle one)

I/We Participated during the year/s of: _____

Name of Parents/Guardians _____

Name of Child/Children & Current Ages _____

Religious Heritage of
Parents/Guardians _____

Occupation of Parents/Guardians: _____

Signature of Parent/Guardian Signature of Parent/Guardian _____

Street Address: _____

City, State & Zip: _____

Home Phone #: _____

Work #: _____ Work #: _____

Cell #: _____ Cell #: _____

Email address: _____

Why are you choosing to continue with the Stepping Stones Alumni Program?

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

What would you like to learn about this year that you did not learn in the formal Stepping Stones/Pebbles program?

What are some of your best memories of your experience/what types of programming did you like the most? Least?

One semester of the alumni program costs \$72. You can choose to pay a full year registration for \$140. 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 pertinent information that would be helpful to 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