



Stepping Stones 2010 - 2011 Before & After School Program Registration Form



Please do not use this registration form if your child attends Buchanan, Lincoln or Monroe. Call 336-3808 for registration procedures.

Stepping Stones Program Start

Dates:

Balanced Calendar: August 9, 2010

Traditional Calendar: August 23, 2010

In order to start on the first day, you must have all forms and payments in place by Aug.1 (Balanced) or Aug. 16 (Traditional)

Enrichment Partners:

ISU Extension, City of Davenport, Figge Art Museum, Putnam Museum, Red Cross

Stepping Stones Program Sites

School	AM Program	PM Program
Adams	No	Yes
Blue Grass	Yes, 7:30 – 8:50AM	Yes
Buffalo	No	Yes
Eisenhower	No	Yes
Fillmore	No	Yes
Garfield	Yes, 7:30 – 8:20AM	Yes
Harrison	Yes, 7:20 – 8:50AM	Yes
Jackson	No	Yes
Madison	No	Yes
McKinley	Yes, 7:30 – 8:20AM	Yes
Truman	No	Yes
Washington	No	Yes
Wilson	Yes, 7:30- 8:50AM	Yes

*We reserve the right to close a program based on inadequate enrollment.

Email: steppingstones@davenportschools.org

Staff:

Certified Teachers
Para Educators

Program Highlights:

Breakfast Provided in AM Program
After-school Care Until 5:30PM
Healthy Snack Provided After School
Learning Excursions
Homework Help
Engaging Enrichment Activities

Activities:

Science Experiments, World Language Lessons, Structured Recreation, Yoga, Art Enrichment, Reading Enrichment, Math Enrichment

10% Discounts:

Sibling Discount
DCS or City of Davenport Employee Discount
Pathways/Stepping Stones Staff Discount

Fees:

\$10 registration fee per family & **one month** prepayment due prior to your child's start date.
We accept cash, checks, Visa & MasterCard.
All past due balances must be paid.

Sliding Scholarship:

PM program fees are based on your child's lunch status, which will be verified through DCS Food & Nutrition Services
Full Price Lunch: you pay \$9.00 per day
Reduced Lunch: you pay \$6.50 per day
Free Lunch: you pay \$4.00 per day
AM program fees
\$4.50 per day for any lunch status

DHS Child Care Assistance and Promise Jobs accepted. Documentation must be on file in our office in order for your child to start program.

Register & Pay for Stepping Stones

- 1) Complete Registration Form & Info/Authorization Form
- 2) Attach fees or call 336-3808 to pay by phone
- 3) Drop off, mail or fax forms, 7:30 am-4:30pm
1606 Brady Street
Davenport, IA 52803
Fax: 563-336-5080
Drop box available 24 hours per day
- 4) Minimum **24hr notice** for child to start program. (We reserve the right to temporarily suspend this policy)

Student's Name	Date of Birth Mo/Day/Year	Grade	Current School	AM Program \$4.50 Per Day	PM Program Full Price Lunch \$9.00 Per Day	PM Program Reduced Price Lunch \$6.50 Per Day	PM Program Free Lunch \$4 Per Day

Days of the week your child will attend the **before** school program? **M T W TH F** (Please Circle Days)

Days of the week your child will attend the **after** school program? **M T W TH F** (Please Circle Days)

Student's requested start date: _____

Parent/Guardian Name _____ Parent/Guardian Signature _____

Signature indicates you have read and understand the above information and all information included in the parent guidelines

Address _____ City _____ State _____ Zip _____ Employer: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____ Email Address: _____

Information/Authorization Form

Stepping Stones

SITE: _____

This information will be kept confidential. Most of the information is needed for the health and safety of your youth. Other information is requested for eligibility for federal funding. Thank you for your cooperation.

Current Date: _____

A. Primary Information

1. Youth's Name _____ 2. Birth date: _____ Male ____ Female ____
3. Address: _____
4. Home Phone: _____ 5. Work Phone: _____ 6. Cell Phone: _____
7. Home School: _____ 8. Grade: _____ 9. Parent/Guardian Name: _____
10. Employer: _____

B. Medical/Emergency Information

Please give us any information which you believe will be helpful in understanding and working with your child. (e.g. diabetes, asthma, hyperactivity, allergies, other medical information, etc.)

1. Allergies: _____
2. Medication: _____
3. Dietary Restrictions: _____
4. Special Conditions: _____
5. Physical or behavioral conditions that may affect or limit full participation in classroom and outdoor activities: _____
6. Other: _____
7. Emergency Contact Person(s): (Other than Parent/Guardian)
 - a. Name: _____ Relationship: _____ Phone: _____
 - b. Name: _____ Relationship: _____ Phone: _____

C. Authorizations

1. My child **Does/Does Not** (Circle one.) have permission to walk home from the program.
2. Are there any orders of protection or custody agreements in place for this child? Yes ____ No ____
3. Name of persons other than parents/guardians noted above who **MAY** pick up the youth (promptly at end of program): _____
4. Name of persons who **MAY NOT** pick up the youth: _____
5. **(FIELD TRIPS)** I **DO/DO NOT** give permission for my child to leave the program for trips in a school bus, public transportation, walks to the park on community outings. The program will contact parents in advance to let them know of the nature of the trip or activity.
6. In the event that my child may require emergency medical and/or surgical care while I am unable to be reached, I hereby give my consent to medical and/or surgical treatment to the hospital and doctor _____, or his or her designee to provide this care. I agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.
7. By registering for this program, each registrant consents to the unrestricted use of their name and/or likeness (including photographs, videotapes, electronic, and other depictions by the program management committee.) YES ____ NO ____

The undersigned hereby grants the Stepping Stones program permission to exchange information concerning said child on application between Davenport Community Schools, Davenport Police Department, Department of Human Services, Iowa State University Extension and City of Davenport Park & Recreation. This program is identified as a helping profession. All employees are mandated reporters. Therefore, if an employee knows or has reason to believe that a child has been or is being physically or sexually abused, or neglected, this information must be reported to the Department of Human Services.

I certify the above information is correct and understand I may be required to supply documentation to verify the information. The above consent will be in effect for the duration of the program.

Signature

Date

For further information, please call 563-336-3808