



# Stepping Stones 2011-2012 21<sup>st</sup> Century Grant Sites @ Lincoln Before & After School Program Registration Form

Date Rec'd \_\_\_\_\_ Time \_\_\_\_\_



Space limited, registration accepted on a first-come, first-served basis, waiting list maintained.

### Stepping Stones Program Start Dates:

Traditional Calendar: August 17, 2011

In order to start on the first day, you must have all forms and payments in place by Aug. 1<sup>st</sup>, 2011.

### Enrichment Partners:

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

### Stepping Stones 21<sup>st</sup> Century Grant Program Sites

School	AM Program	PM Program
Lincoln	No	Yes

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

### Snack:

Students receive a healthy snack daily.

### 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

### Staff:

Certified Teachers  
Para Educators

### 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:

**\$15** registration fee per family & **one month** prepayment due prior to your child's start date. We accept cash, checks, Visa & MasterCard

**\$12.50** monthly fee per child will be due on the first of each month.

### Register & Pay for Stepping Stones

- 1) Complete Registration Form
- 2) Attach fees or call 336-5016 to pay by phone
- 3) Drop off, mail or fax form, 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

**Email:** [steppingstones@davenportschools.org](mailto:steppingstones@davenportschools.org)

Student's Name	Date of Birth Mo/Day/Year	Grade	Current School	\$12.50 per/Month Program Fee

Student's requested start date: \_\_\_\_\_

All past due balances must be paid upon enrollment.

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

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 \_\_\_\_\_

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone #: \_\_\_\_\_ Alternate Phone # \_\_\_\_\_