

Registration



**2018
Overnight
Staycations**
(Ages 12+)
Allyn Campus
1414 Lake Allyn Road
Batavia, OH 45103




Participant Name _____ (Please Print) Age _____

Completed Registration Packet (Application, Master Medical and Registration) must be received at least three weeks prior to the start date of your requested session. However, this does not guarantee a spot. Camps fill up quickly so we strongly recommend getting your completed Registration Packet in by April 1st. You may request as many sessions as you wish.

I am requesting a total of _____ camp sessions.

(If requesting one-on-one staff support, additional fees & application may apply. Please check here: _____)

 Please check all requested sessions

<input type="checkbox"/> June 3-8	ALOHA SUMMER Aloha! Break out your Hawaiian shirt to celebrate the first week of camp!	\$800 6 Day
<input type="checkbox"/> June 10-15	OUTERSPACE Shoot for the stars and land at Camp Allyn!	\$800 6 Day
<input type="checkbox"/> June 17-22	DISCOVER THE DECADES From the roaring 20s to the rockin' 80s—we'll travel through time this week!	\$800 6 Day
<input type="checkbox"/> June 24-29	MOVIE MAYHEM Movies jump off the big screen this week as we experience Blockbuster hits!	\$800 6 Day
<input type="checkbox"/> July 1-6	OUR GREAT STATE O-H-I-O! Let's celebrate all that makes up the great Buckeye state!	\$800 6 Day
<input type="checkbox"/> July 8-13	THE "MAGIC" OF CAMP Find your spark and discover the magic of Stepping Stones!	\$800 6 Day
<input type="checkbox"/> July 15-20	MYTH BUSTERS Don't try this at home! Myths and urban legends are put to the test!	\$800 6 Day
<input type="checkbox"/> July 22-27	ART WEEK Unleash your inner Monet this week!	\$800 6 Day
<input type="checkbox"/> July 29-Aug 3	MUSIC MASH-UP Be your own kind of rock star and get ready for rockin' larger than life week!	\$800 6 Day

Early Check In for Residential Facilities is at 1pm. Individual Check in is at 2pm.
Check Out is at 2pm.
**Participants are required to remain at Camp Allyn the entire scheduled session.*

Please return completed paperwork to:
Mail: Client Services
Stepping Stones
5650 Given Rd.
Cincinnati, OH 45243

PDF: jeannie.ludwig@steppingstonesohio.org
Fax: 877-913-1293 (Photos cannot be faxed)
Phone: 513-965-5108 Jeannie Ludwig
Visit our website: www.steppingstonesohio.org



2018 OVERNIGHT STAYCATIONS REGISTRATION



(Please Print)

Participant Name _____ Age _____
Contact Name _____ Daytime Phone (____) _____ - _____
Contact Email _____ Residential Facility (If applicable) _____

APPLICATION FEE: \$25

Stepping Stones collects an annual application fee of **\$25 per person** to offset costs relating to the registration process.

This fee:

- Covers all registrations for the period of January 1st through December 31st 2017
- Is out of pocket and not refundable
- Cannot be paid by a Waiver or Voucher
- Covers 1 year unlimited registrations to programs
- *Fee not prorated based on date of enrollment*

Payment of fee:

- Check enclosed (Please make out to Stepping Stones)
- Paying with credit card (Please call Melissa Geis 513-559-2442)
- I've already paid my annual application fee

How to Register For Our Recreation and Leisure Programs

1. Complete the Annual Participant Application*
2. Complete this Registration Form
3. Have Master Medical* form filled out, signed and dated by your Doctor and return to us. (This form can be faxed directly from the Doctor's office)

(You can now do steps 1 and 2 online by going to www.SteppingStonesPrograms.org and clicking on the green "Register Now" button. (If you register online, you no longer will have to fill out a paper Application or Registration).

Please note: If you are already using our online service, do not use this form. Please log onto your account to register. If you have forgotten your password, please email jeannie.ludwig@steppingstonesohio.org and a password reset email will be sent to you.

If enrolled, a Confirmation Packet will be sent in the mail.

**All forms are available at www.SteppingStonesPrograms.org*

How Are You Paying For Services?

- IO Waiver
 Level One Waiver
 Self Waiver
 Ohio Homecare Waiver (overnight only)
 Private Pay**
- Family Support Services
 Independent Budget
 Grant
 Extended School Year _____ (School District)
 Third Party _____ (Name of Third Party)
 County Board of DD _____ (Name of County)
 Applying for Financial Assistance (Contact Melissa Geis 513-559-2442)
 Other _____

**Private pay clients must select a pre-payment plan and be paid in full prior to attending programs. This policy allows us to plan for staffing needs and program enrollment. Additional fees may apply for medical or behavioral care. Private Pay families must confirm their payment plans by May 4, 2018. Two payment options are available: payment in full, or a series of three agency established dates.

Waiver Questions: Nicole Allen
(513) 965-5107

Other Payment Questions: Carol McAllister
(513) 965-5105

Registration Questions: Jeannie Ludwig
(513) 965-5108