

2019

Day Camp Given Campus

5650 Given Road
Cincinnati, OH 45243
(Ages 5-22 or upon graduation
from high school)



Registration



Camper Name _____ (Please Print) Age _____

Completed Registration Packet 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.

Cost: \$53 per day

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

Attendance Pattern: _____ **Tues/Thurs** _____ **Mon/Wed/Fri** _____ **Mon/Tues/Wed/Thurs/Fri**
Please choose only one attendance pattern.

Please check all requested weeks

____ **Wk 1 June 10-14**

CREATE

Bring your creativity and imagination to camp as we explore our summer camp culture of "CREATE"!

____ **Wk 2 June 17-21**

ADVENTURE

Let's go on adventures this week to learn about the world around us!

____ **Wk 3 June 24-28**

TEAMWORK

Get to know other campers through activities and games that inspire us to work as a team and build upon new and old friendships!!

____ **Wk 4 July 1-5**
*no camp 7/4

DISCOVER

Discover hidden talents and new interests with out of this world activities & programming!

____ **Wk 5 July 8-12**

EXPERIENCE

Experience the sights, smells and sounds of summer camp with a week of sensory fun and science experiments!

____ **Wk 6 July 15-19**

EMPOWER

Let's learn how to empower ourselves and others to be the best that we can be!

____ **Wk 7 July 22-26**

EXPLORE

Help us explore all that camp and our natural surroundings have to offer this week!

____ **Wk 8 July 29-Aug 2**

COMPASSION

This week we practice kindness and caring while learning how to be a good friend to all!

____ **Wk 9 Aug 5-9**

CELEBRATE

Help us celebrate the end of our summer camp season with fun & games!

Transportation:

____ Camp Bus Needed
____ Will provide own transportation.
____ Other commercial transportation will be provided by:
____ (i.e. School or Access)

Busing to the Given Campus will be available from several area locations. Please be sure to indicate the county and zip code your participant will be traveling from. Busing will be assigned based on available space. **If transportation is selected, additional costs will apply.**

Zip Code _____ County _____

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



2019 DAY CAMP GIVEN SUMMER 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 2019
- 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
___ 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 3, 2019. Two payment options are available: payment in full, or a series of three agency established dates.

If transportation is selected, additional costs will apply.

Waiver Questions: Nicole Allen
(513) 965-5107

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

Registration Questions: Jeannie Ludwig
(513) 965-5108

nicole.allen@SteppingStonesOhio.org

carol.mcallister@SteppingStonesOhio.org

jeannie.ludwig@SteppingStonesOhio.org