

Registration



2019
**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.

I am requesting a total of _____ camp sessions.



Please check all requested sessions

_____ June 9-14	SPLASH INTO SUMMER Join us as we splash into an amazing summer, with old and new camp friends.	\$850 6 Day
_____ June 16-21	SURVIVOR "ALLYN ISLAND" Dust off your hiking boots and get ready to embark on a journey this week. We will be stepping out of our comfort zone as we face challenges head on! Which cabin will be victorious?	\$850 6 Day
_____ June 23-28	UNEARTH THE EARTH Invent, experiment and take risks while we discover all the hidden gems Earth has to offer.	\$850 6 Day
_____ June 30—July 5	AROUND THE WORLD IN 6 DAYS Pack your bags and join us as we celebrate different nations across the globe; no passport needed!	\$850 6 Day
_____ July 7-12	GAME SHOW MANIA From the Wheel of Fortune to Family Feud, we got it all this week and you get to be a part of it!	\$850 6 Day
_____ July 14-19	COLOR WAR Let's get wild as we celebrate all the colors of the rainbow!	\$850 6 Day
_____ July 21-26	FINE ARTS Sculptures, murals, musicals and more! Our creative energies will flow as we get ready for the Art Show!	\$850 6 Day
_____ July 28-Aug 2	MYTHS AND LEGENDS Unicorns, Mermaids and Centaurs OH MY! Come join us as we make these mythical legends come alive.	\$850 6 Day
_____ Aug 4-9	TRAVEL THROUGH THE DECADES Journey through the decades of the past and future for the adventure of a lifetime!	\$850 6 Day

Individual Check-In is at 1pm.
Check-In for Residential Facilities 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



2019 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 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
___ 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. **Balance must be paid prior to staycation.**

Waiver Questions: Nicole Allen
(513) 965-5107

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

Registration Questions: Jeannie Ludwig
(513) 965-5108