

Pathways to Independence for People with Disabilities

PRIVATE PAY AGREEMENT

Thank you for registering to attend Stepping Stones' programs. Please select a payment type below to complete the enrollment process. Mail/Fax the completed form to the Finance Department or you can now UPLOAD it in your Camp in Touch account under <u>Forms</u>.

Mail: 5650 Given Road, Cincinnati, Ohio 45243

Fax: (513) 248-1860 Finance Dept.

Stepping Stones 5650 Given Rd. Cincinnati, OH 45243

Finance Department: 513.965.5105

Fax: 513.248.1860

Client Services: 513.965.5108

www.SteppingStonesOhio.org 513.831.4660

Parent First Name:	Last Name:		
Billing Address:			
Street Best Phone Number: ()	City	State	Zip
Email Address:			
Payment Type: Check Credit Card			
Payment Choice Elected: (Includes all programs c	urrently approved by Rec/Leisur	re & Client Services)	
Monthly Payments - to be charged o *(This form is not for summer camp use.)	•	• ,	et form.)
Credit Card Number:			
Expiration Date (MM/YY):			
- , , ,			
3 Digit Security Code:			
3 Digit Security Code: Billing Zip Code:			
3 Digit Security Code:		 Date	











