### 2025 REGISTRATION

Participant Name \_\_\_\_\_\_ Age \_\_\_\_\_



Please put a check ✓

next to all requested dates.

Saturday Kids Club	
Where: Given Campus	

Vhere: Given Campus Age: Ages 5–16 5650 Given Rd. Cincinnati, OH 45243 Time: 9 am—2 pm

## 2025

COST \$73 Per Session Jan 11 \_\_\_\_ Jan 25 \_\_\_\_ Feb 8 \_\_\_\_ Feb 22 \_\_\_\_ Mar 8 \_\_\_\_ Mar 22 \_\_\_\_ Apr 5 \_\_\_\_ Apr 26 \_\_\_\_ Sept 6 \_\_\_\_ Sept 20 \_\_\_\_ Oct 4 \_\_\_\_ Oct 18 \_\_\_\_ Nov 1 \_\_\_\_ Nov 15 \_\_\_\_ Dec 6 \_\_\_\_

## Saturday Young Adult Club

Where: Given Campus Age: Age: 15–30 5650 Given Rd. Cincinnati, OH 45243 Time: 9 am–2pm

### 2025

COST \$73 Per Session Jan 18 \_\_\_\_ Jan 4 \_\_\_\_ Feb 15 \_\_\_\_ Feb 1 Mar 1 \_\_\_\_ Mar 15 \_\_\_\_ Mar 29 \_\_\_\_ Apr 12 \_\_\_\_ Sept 13 Sept 27 Oct 11 Oct 25 \_\_\_\_ Nov 8 \_\_\_\_ Nov 22 \_\_\_ Dec 13

Please Note: There is a 3 week registration deadline before each program.

# Please return completed paperwork to:

PDF:

jeannie.ludwig@steppingstonesohio.org Fax: (877) 913-1293

Mail:

Jeannie Ludwig Client Services Stepping Stones, Inc. 5650 Given Road Cincinnati, OH 45243

## Weekend Respites Program

Friday—Sunday

Where: Allyn Campus Age: 16+ 1414 Lake Allyn Rd. Batavia, OH 45103

2025		
\$486 per Session		
Jan 10-12	 Sept 5-7	
Jan 24-26	 Sept 19-21	
Feb 7-9	 Oct 3-5	
Feb 21-23	 Oct 17-19	
Mar 7-9	 Oct 31-Nov 2	
Mar 21-23	 Nov 14-16	
Apr 4-6	 Dec 5-7	
Apr 25-27		

Please note that
PROGRAM DATES
and
PROGRAM COSTS
are subject to change.

Maintaining the health and safety of our program community remains Stepping Stones' top priority.

\*Additional fees may apply for medical or behavioral care.













### 2025 REGISTRATION



	STONES			
(Please Print) Participant Name	Age			
Contact Name				
ontact Email				
<ol> <li>Go to www.steppingstonesprograms.org and click the you already have an account. Follow the prompts to the confirming that your registration has been completed.</li> <li>Follow the prompts to download the Master Medical for IF YOU DO Note:         <ul> <li>Complete the Annual Participant Application*</li> <li>Complete both sides of this Registration Form*</li> <li>Have our Master Medical form* completed, signed and * All forms are available at www.steppingstonesprograms.org or by the state of t</li></ul></li></ol>	orm and have your Doctor complete, sign and date and return to us.  NOT HAVE ONLINE ACCESS  d dated by your Doctor and return to us.  calling 513-965-5108.			
	o not use this form. Please log onto your account to register. If you have ppingstonesohio.org and a password reset email will be sent to you.			
rorgetten your pasoword, prease eman jeunmenaawigeste	ppingotoneoomolog and a pasoword reset email win be sent to you.			
	Payment of fee:  Check enclosed (Please make payable to Stepping Stones)  Paying with credit card (Please call Melissa Geis 513-559-2442)  I've already paid my annual registration fee			
deadline before each program. IO Waiver*OhicGran	rd Party(Name of Third Party)			
Our Confirmation Process				

#### Our Confirmation Process

- Your Master Medical form, Application and photo must be current for approval by Jeannie Ludwig (jeannie.ludwig@steppingstonesohio.org)
  - (The Master Medical form and Application is good for 1 year from the date of the signature)
- If private, voucher, or county paid, it must be approved by Teresa Fischer (teresa.fischer@steppingstonesohio.org). 513-965-5105
- If paid by Waiver, securing the funding must be approved by Sarah Overholt (sarah.overholt@steppingstonesohio.org) and the Waiver paperwork must be approved. 513-965-3053
- 4. Applicants must be approved by Jon Ahrens, Recreation & Leisure Director (jon.ahrens@steppingstonesohio.org)

If all of the appropriate people above give their approvals, a confirmation packet will be sent in the mail (If it is too close to the start date of the program, you will also receive an email or phone call.) If the applicant is put on a waitlist, a letter will be sent out via USPS to inform you.