



Stepping Stones 2011-2012

21st Century Grant Sites@ Buchanan & Monroe

Before & After School Program

Registration Form

Date Rec'd _____ Time _____



Space limited, registration accepted on a first-come, first-served basis, waiting list maintained.

Stepping Stones Program Start Dates:

Traditional Calendar: August 17th, 2011

In order to start on the first day, you must have all forms and payments in place by Aug. 1st

Enrichment Partners:

ISU Extension, City of Davenport, Figge Art Museum, Putnam Museum, Red Cross

Stepping Stones 21st Century Grant Program Sites

School	AM Program	PM Program
Buchanan	No	Yes
Monroe	No	Yes

We reserve the right to close a program based on inadequate enrollment.

Snack:

Students receive a healthy snack daily.

Program Highlights:

Breakfast Provided in AM Program
 After-school Care Until 5:30PM
 Healthy Snack Provided After School
 Learning Excursions
 Homework Help
 Engaging Enrichment Activities

Staff:

Certified Teachers
 Para Educators

Activities:

Science Experiments, World Language Lessons,
 Structured Recreation, Yoga, Art Enrichment,
 Reading Enrichment, Math Enrichment

10% Discounts:

Sibling Discount
 DCS or City of Davenport Employee Discount
 Pathways/Stepping Stones Staff Discount

Fees:

\$15 registration fee per family & **one month** prepayment due prior to your child's start date.
 We accept cash, checks, Visa & MasterCard

\$10 monthly fee per child will be due on the first of each month.

Register & Pay for Stepping Stones

- 1) Complete Registration Form
- 2) Attach fees or call 336-5016 to pay by phone
- 3) Drop off, mail or fax form, 7:30 am-4:30pm
 1606 Brady Street
 Davenport, IA 52803
 Fax: 563-336-5080
 Drop box available 24 hours per day
- 4) Minimum **24hr** notice for child to start program

Email: steppingstones@davenportschools.org

Student's Name	Date of Birth Mo/Day/Year	Grade	Current School	\$10 per/Month Program Fee

Student's requested start date: _____

All past due balances must be paid upon enrollment

Days of the week your child will attend the **afterschool** program? **M T W TH F** (Please Circle Days)

Parent/Guardian Name _____ Parent/Guardian Signature _____

Signature indicates you have read and understand the above information and all information included in the parent guidelines

Address _____ City _____ State _____ Zip _____

Home Ph: _____ Cell Ph: _____ Email Address: _____

Employer: _____ Employer Phone #: _____ Alternate Phone: _____