

Stepping Stones Blue Grass Elementary

Before School Program

Registration Form

2018-2019

Space limited! Registration accepted on a first-come, first-served basis



IOWA STATE UNIVERSITY
Extension and Outreach

DAVENPORT
COMMUNITY
SCHOOLS



Stepping Stones Before School Program 2018-2019

Program Start Date: Thursday August 23rd, 2018

Registration Must Be Completed By 3:30 PM On:	Student Start Date
August 10th	August 23rd
August 17th	August 27th
August 24th	September 4th
August 31st	September 10th
September 7th	September 17th
September 14th	September 24th



Blue Grass Elementary Stepping Stones

- Program runs from 7:30AM—9:10AM
- No Program on 2 hour late starts
- We reserve the right to close a program due to lack of enrollment (Decision will be made on 8/10/18)
- We reserve the right to cap program due to DHS licensing limits

Contact Us:

Email Address: steppingstones@davenportschools.org

Phone #: 563-528-0973

Address: 318 E 7th Street Davenport, Iowa 52803

2018-2019 Enrichment Partners:

Scott County Extension & Outreach, Junior Theatre, Putnam Museum, AmeriCorps, and many more

Program Highlights:

- Breakfast supervision provided, parent/guardian responsibility for cost of breakfast
- Homework help
- DHS licensed programs
- Hands on enrichment activities
- Field trips
- Certified teachers on staff
- Recess and structured recreation provided daily

Fees

- \$25 registration fee per family and 20 day prepayment due upon registering. **Registration fee is non-refundable.**
- DHS Childcare assistance / 3rd party payment accepted. You must bring DHS Notice of Decision listing Stepping Stones as the provider at time of registration.

Fee Structure

- Before school program fee: \$5.50 per day
- 10% discount for siblings, Military, DCSD, ISU Extension & City of Davenport employees

How to Register:

1. Complete registration form, info form, & SS Experience form
2. Complete payment- \$25 registration fee & 20 day prepayment
2. Drop off forms from 7:30—3:30PM or mail forms & payment to:

Stepping Stones
318 E 7th Street
Davenport, IA 52803

Blue Grass Elementary School Registration

Student's Name	Date of Birth	Grade	Current School 18-19 year	Before School Rate \$5.50 per day

All past due balances must be paid in full in order to register student(s).

Days of the week your child will attend the before program? M T W TH F Requested Start Date: _____
 Please circle days See chart on page 2

Parent/Guardian Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Employer: _____

Work Phone: _____ Email Address: _____

I am requesting a reduced fee or fee waiver? Yes _____ No _____ ***If not requesting a waiver do not complete the two items below.

- The total yearly gross income for ALL people in the home before deductions for taxes, insurance, medical expenses and child support is:
 \$ _____ per year _____ initials
- Total number of people residing in my home including all children and adults: _____ initials

Student(s) will be removed from program if account is 5 days past due delinquent from due date. Further action will be taken if account is 10 days past due.

RECEIVED PARENT GUIDELINE BOOK

PARENT/ GUARDIAN SIGNATURE OF UNDERSTANDING: _____ DATE: _____

For office use only:

Total Due _____ Date Received: _____ By: _____

Date Paid: _____ Method of Payment: _____ Check# _____ Rec'd By: _____

Information/Authorization Form Complete: _____ SS Experience: _____ EZ Care: _____

Added to Roster: _____ Emailed Site: _____ Registration Fee: _____ Special Schedule: _____

This information will be kept confidential. Most of the information is needed for the health and safety of your youth. Other information is requested for eligibility for federal funding.. All questions must be answered to the best of your ability. Please note "N/A" if an item does not apply to your student. Thank you for your cooperation.

Current Date: _____

A. Primary Information

- 1. Youth's Name _____ 2. Birth date: _____ Male ___ Female ___
- 3. Address: _____
- 4. Home Phone: _____ 5. Work Phone: _____ 6. Cell Phone: _____
- 7. Home School: _____ 8. Grade: _____ 9. Parent/Guardian Name: _____
- 10. Employer: _____

B. Medical/Emergency Information Please give us any information which you believe will be helpful in understanding & working with your child.

(examples: diabetes, asthma, ADHD, allergies other medical information, etc.)

- 1. Allergies: _____
- 2. Medication: _____
- 3. Dietary Restrictions: _____
- 4. Special Conditions: _____
- 5. Physical or behavioral concerns that may limit full participation in classroom & outdoor activities: _____
- 6. Does your child have an up to date physical examination on file in their physician's office? **YES** ___ **NO** ___ **Initial:** _____
- 7. My student(s) immunization form is on file & up to date in the school nurse's office. **YES** ___ **NO** ___ **Initial:** _____
- 8. Student(s) school day health plan is not available after school. Does your student(s) have a medical condition or physical condition the requires additional health documentation? **YES** ___ **NO** ___ **Initial:** _____
- 9. Student(s) Doctor: _____ Phone# _____ Doctor's address: _____
Student(s) Dentist: _____ Phone# _____ Dentist's Address: _____
- 10. Emergency Contact Person(s): Other than parent or guardian
 - A. Name: _____ Relationship: _____ Phone#: _____
 - B. Name: _____ Relationship: _____ Phone#: _____

C. Authorizations

- 1. My child **Does/Does Not** (circle one) have permission to walk home from the program. **Initials:** _____
- 2. Are there any orders of protection or custody agreements in place for this child? Yes ___ No ___
- 3. Name of persons other than parents/guardians noted above who **MAY** pick up the youth (promptly at end of program): _____
- 4. Name of persons who **MAY NOT** pick up the youth: _____
- 5. **FIELD TRIPS DO/DO NOT** give permission for my child to leave the program for trips in a school bus, public transportation, walks to the park on community outings. The program will contact parents in advance to let them know of the nature of the trip or activity.
- 6. In the event my child requires emergency medical attention and/or surgical care while I am unable to be reached, I hereby give my consent to medical or surgical treatment at the following hospital _____, or his designee to provide this care. I agree to pay all costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.
- 7. Davenport Schools, its agents or assigns, has my permission to use my child's name, statement(s), and photographs of my child (in any or all of the following media or formats: still, motion picture, video, local news media, television and any other media or format, electric or otherwise, as currently exists or which becomes available in the future) for advertising and publicity. YES ___ NO ___

The undersigned hereby grants the Stepping Stones program permission to exchange information concerning said child on application between Davenport Community Schools, Iowa Dept. of Education, Davenport Police Department, Department of Human Services, Iowa State University Extension and City of Davenport Park & Recreation. This program is identified as a helping profession. All employees are mandated reporters. Therefore, if an employee knows or has reason to believe that a child has been or is being physically or sexually abused, or neglected, this information must be reported to the Department of Human Services. I certify the above information is correct and understand I may be required to supply documentation to verify the information. The above consent will be in effect for the duration of the program.

Signature

Date