

## CHECK THE FALL PROGRAM(S) YOU WOULD LIKE TO ATTEND:

Classes begin the week of 9/13.

<input type="checkbox"/> Science is Super	\$195	_____
<input type="checkbox"/> Watercolor Painting and Clay Carving	\$195	_____
<input type="checkbox"/> Potter's Portkey	\$195	_____
<input type="checkbox"/> World Percussion	\$195	_____
<input type="checkbox"/> SMART Center Training Sessions	\$300	_____
<input type="checkbox"/> SMART Center Laboratory Sessions	\$400	_____
TOTAL	\$	_____

Check enclosed, payable to STEPPINGSTONE

Visa

Mastercard

\_\_\_\_\_  
Cardmember Name

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
Card No.

\_\_\_\_\_  
Exp. Date

\_\_\_\_\_  
V-code

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Age

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
Phones:

Home

(circle cell/work)

\_\_\_\_\_  
E-mail address

Does your child have any special needs? \_\_\_\_\_ If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_  
The child named above has permission to participate in ALL class-sponsored activities. I agree to cooperate with the policies and regulations of Steppingstone, which has my permission to secure emergency medical care for my child if necessary. I give permission to Steppingstone to use, display, or reproduce my student's work (e.g., writing, art, music, etc.), statements about school and/or photos of him/her at the discretion of Steppingstone.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Student

Mail to: Steppingstone School Special Programs  
30250 Grand River, Farmington Hills, MI 48336  
Phone: 248-957-8200 • Fax: 248-957-8203