



FRA Program Registration '16 - '17

Admission to these classes is by invite only.

Name of Participant: _____ Gender: _____ Date of Birth: _____

Please choose: FULL YEAR or Fall Winter Spring

Class B - Brick

****Accelerated class needs pre-approval before enrollment****

Fall 2016

Monday

- 10:00 - 12:00 Enjoying My Space (B)
- 12:00 - 1:00 Life Skills Lunch (B)
- 1:00 - 3:00 Everyday Money Skills (B)
- 3:00 - 4:00 Yoga (B)

Thursday

- 10:00 - 12:00 Advanced Life Skills (B)
- 12:00 - 1:00 Life Skills Lunch (B)
- 1:00 - 3:00 Food, Prep, & Safety (B)

Winter 2016-2017

Monday

- 10:00 - 12:00 I Can Deal With That (B)
- 12:00 - 1:00 Life Skills Lunch (B)
- 1:00 - 3:00 Everyday Advanced Money (B)
- 3:00 - 4:00 Yoga (B)

Thursday

- 10:00 - 12:00 Self Advocacy (B)
- 12:00 - 1:00 Life Skills Lunch (B)
- 1:00 - 3:00 Community Compass (B)

Spring 2017

Monday

- 10:00 - 12:00 Circle of Friends (B)
- 12:00 - 1:00 Life Skills Lunch (B)
- 1:00 - 3:00 Now Showing (B)
- 3:00 - 4:00 Yoga (B)

Thursday

- 10:00 - 12:00 Enjoying My Space (B)
- 12:00 - 1:00 Life Skills Lunch (B)
- 1:00 - 3:00 Community Service (B)

Name of Parent/Guardian: _____

Address: _____ City: _____ St: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

School Contract: _____ Phone: _____ Email: _____

Support Coordinator: _____ S.C. Phone: _____ S.C. Email: _____

Self-Directed Start Date: _____ **Self-Directed End Date:** _____



Emergency Information: Please list emergency contacts for the attendee (other than parent/guardian listed above):

1. Emergency Contact: _____ Phone: _____ C H

2. Emergency Contact: _____ Phone: _____ C H



Participants must demonstrate the ability to accept and follow reasonable rules and to behave respectfully towards others. They must also have sufficient emotional and independent stability to participate in all aspects of the program.

Name of Participant: _____

Date: _____

A person over the age of 18 is considered their own legal guardian unless someone else has been appointed guardian by the courts. My son/daughter:

Is own self guardian Has a legal guardian Name of guardian and relationship: _____



Medical History

Cardiac: Y N Seizures: Y N Diabetic: Y N Diagnosis: _____

Accommodations: _____

Allergies: _____

Medications and Doses: _____

Medical or Physical Concerns: _____

Fears/Concerns/Behaviors (Provide triggers for outburst/misbehaviors and suggestions of best strategies to assist your child):



FRA Billing Policies & Guidelines: I have read and agree to the FRA Billing Policies & Guidelines.

Photo Release: I hereby consent to and authorize FRA (Family Resource Associates, Inc.) to reproduce and use photographs of my son/daughter _____ and/or myself, and will allow the use of first name with last name initial for use in any FRA print, online, social media, social networking and audio/video-based materials, as well as other FRA promotional and educational publications or exhibitions for the benefit of FRA and its programs. Photos may also be used without identifying information in frames at events and in any other media usages.

Exclusions: _____

I DO NOT approve of my or my child's photo being used.

I do not approve of my or my child's name being used, but FRA can use unidentified photos.

Parent/Guardian

DATE

Name of Participant: _____

Date: _____

Payment Type (Please check):

School Contact - School District: _____

Case Manager: _____ Phone: _____ Email: _____

Self-Directed Service Budget paperwork submitted: Yes No

Online Payment

Credit Card #: _____ Exp. Date: _____

Billing Address: _____ Zip Code: _____

Visa MasterCard Discover American Express

I authorize a one-time payment of \$_____ to be made to my card by FRA.

Check Payment: # _____ \$ _____

Note: For security purposes we DO NOT/WILL NOT keep a record of your credit card information.

Please make all checks payable to 'FRA' and mail to 35 Haddon Ave. Shrewsbury, NJ 07702.

Print Name: _____ **Signature:** _____ **Date:** _____