



Hello Families,

**Enclosed you will find the FRA 2026-2027 wellness program registration packet.** This packet includes the program calendar, registration form, payment info, and contact information forms to be completed. The session begins on September 8, 2026 and will end on June 25, 2027. **Please note that when you register you are signing up the full year.**

**The registration deadline to start in September is August 28, 2026.**

Please complete and return the registration form along with your completed contact info forms to Alexis Spektor [aspektor@frainc.org](mailto:aspektor@frainc.org) and Christy Boyd [cboyd@frainc.org](mailto:cboyd@frainc.org). Depending on the number of people registered, classes may need to be combined.

**Payment for all classes must be made by September 4, 2026.** Click this link to pay online. You may contact Janine-Bedford Sims at [jbedfordsims@frainc.org](mailto:jbedfordsims@frainc.org) to work out a payment plan. **No one can begin classes until FRA receives payment or a payment plan is in place.**

Thank you,  
Alexis Spektor

# 2026-2027 Program Calendar

September 2026						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

October 2026						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

November 2026						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

December 2026						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

January 2027						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February 2027						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

March 2027						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April 2027						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May 2027						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

June 2027						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

July 2027						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

August 2027						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
Forward Futures 2026-27	36 weeks	40 weeks	40 weeks	38 weeks	37 weeks
Forward Futures Summer 2027	8 weeks	9 weeks	9 weeks	9 weeks	No Program

## FRA Wellness Registration

### September 8, 2026 - June 25, 2027

Name \_\_\_\_\_

#### Red Bank Wellness

DANCE					
MONDAY	Dance with Jay		5:15-6:15 PM		6:30-7:30 PM
TUESDAY	Aftercare*		3-5:15 PM	<i>*Aftercare is only available for Forward Futures members that attend on Tuesdays until 3PM and would like to stay at FRA from 3-5:15PM until dance starts at 5:15PM.</i>	
TUESDAY	Dance with Jay		5:15-6:15 PM		6:30-7:30 PM

KARATE					
WEDNESDAY	Karate with Jay		5:15-6:15 PM		6:30-7:30 PM

YOGA					
WEDNESDAY	Yoga with Patty		9-10 AM		
THURSDAY	Yoga with Patty		9-10 AM		

#### Brick Wellness

YOGA					
MONDAY	Yoga with Patty		2-3 PM		

DANCE					
THURSDAY	Dance with Marjorie		4:30-5:30 PM		

#### Payment

**Payment info must be selected in order for your registration to be processed.**

Online payment

Check payment      Check # \_\_\_\_\_      Amount \_\_\_\_\_

Credit card       Visa       Mastercard       Discover       American Express

Credit card # \_\_\_\_\_

Expiration date \_\_\_\_\_      CVC code \_\_\_\_\_      Billing zipcode \_\_\_\_\_

Billing address \_\_\_\_\_

I authorize a one-time payment of \$ \_\_\_\_\_ to be made to the credit card listed above by FRA.

**Please make any checks payable to FRA and mail to 210 Newman Springs Road E, Red Bank, NJ 07701  
For security purposes FRA does not and will not keep a record of your credit card information.**

# FRA Wellness Payment Schedule

## September 8, 2026 - June 25, 2027

### Red Bank Wellness

<b>MONDAY</b>	<b>Dance with Jay</b>	36 weeks	<b>\$720</b>
<b>TUESDAY</b>	<b>Aftercare*</b>	40 weeks	<b>\$400</b>
<b>TUESDAY</b>	<b>Dance with Jay</b>	40 weeks	<b>\$800</b>

<b>WEDNESDAY</b>	<b>Karate with Jay</b>	40 weeks	<b>\$800</b>

<b>WEDNESDAY</b>	<b>Yoga with Patty</b>	40 weeks	<b>\$600</b>
<b>THURSDAY</b>	<b>Yoga with Patty</b>	38 weeks	<b>\$570</b>

### Brick Wellness

<b>MONDAY</b>	<b>Yoga with Patty</b>	36 weeks	<b>\$540</b>

<b>THURSDAY</b>	<b>Dance with Marjorie</b>	38 weeks	<b>\$760</b>

## Personal Information

Student's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

Student Email \_\_\_\_\_

Support Coordinator Name \_\_\_\_\_

SC Email \_\_\_\_\_

SC Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**Participants must demonstrate the ability to accept and follow reasonable rules and to behave respectfully toward others. They must also have sufficient emotional/behavioral stability and independent ability 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 by the courts.**

Self Guardian \_\_\_\_\_

Name of Legal Guardian \_\_\_\_\_

Relationship of Legal Guardian \_\_\_\_\_

**If your personal or contact information changes, you must notify FRA in writing.**

**Medical Information**

Diagnosis \_\_\_\_\_

Accomodations

---

---

---

---

Allergies

---

---

---

---

Cardiac  Y  N    Seizures  Y  N    Diabetes  Y  N

Please explain any medical or physical concerns (ie. cardiac, seizures, diabetes, mobility, etc.)

---

---

---

---

Fears/Concerns/Behaviors (please provide triggers for behaviors and suggestions of best intervention strategies)

---

---

---

---

**If your medical information changes, you must notify FRA in writing.**

# FRA Consent Form

As part of FRA programs, photos and videos will be created during various activities. FRA would like to use some of these photos and videos on our websites for promotional and educational publications. Please indicate your consent below.

Student's Full Name \_\_\_\_\_

## **Photo Release Consent:**

- I hereby consent to and authorize FRA, to reproduce and use photographs/video/audio recordings, in any print, online, social media, social networking and audio/visual-based materials, as well as other promotional and educational publications as well as the FRA website.
- I do not approve of my student's photo or video being used in any format.

Parent/Guardian Name \_\_\_\_\_

Date \_\_\_\_\_

**If you wish to change your consent preferences at any time, you must notify FRA in writing.**