

Annual Enrollment Form – 2019-2020

Individual's Name _____ Date of Birth _____ Male Female

Parent/Guardian's Name(s) _____ Ethnicity - (This optional information is requested for yearly Census and additional Grant reporting.) _____

Home Street Address _____ City _____ State _____ Zip _____

Primary Cell Phone Mother Father Self Guardian _____ Secondary Cell Phone Mother Father Guardian _____

Primary Email Mother Father Self Guardian _____ Secondary Email Mother Father Guardian _____

Parent/Guardian or Individual Employer _____ Parent/Guardian Employer _____

Street Address of Non-Custodial Parent (if applicable) _____ City _____ State _____ Zip _____

School/Special Education/Work Program or Group Home _____

Name/Title of others who assist the individual/family _____ Phone _____

Referred by a community mental health agency. Agency name _____

If you are new to FAR, what programs are you interested in?

- | | | |
|---|---|---|
| <input type="checkbox"/> Art Therapy | <input type="checkbox"/> Yoga | <input type="checkbox"/> Music Therapy Groups |
| <input type="checkbox"/> Music Therapy | <input type="checkbox"/> Bowling | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Dance Therapy | <input type="checkbox"/> Adaptive Music Lessons | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Recreation Therapy | <input type="checkbox"/> Recreation/Social Groups | |

Individual's Health & Development Status: (Check all that apply)

Primary Diagnosis _____

Secondary Diagnosis _____

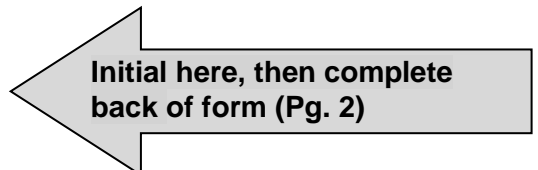
- | | | |
|---|---|--|
| <input type="checkbox"/> Developmental delay | <input type="checkbox"/> Cognitive | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Behavior Issues | <input type="checkbox"/> Medications |
| <input type="checkbox"/> Medical Restrictions | <input type="checkbox"/> Adaptive/ Self-help | <input type="checkbox"/> Communicable Disease(s) |
| <input type="checkbox"/> Physical | <input type="checkbox"/> Wheelchair/Walker user | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Vision & hearing | <input type="checkbox"/> Seizures | |

If you checked any of the above, please explain _____

IT IS THE POLICY OF FAR:

- Annual Enrollment and Acknowledgement signature forms must be completed, signed and returned to the office **prior to the first session.**
- **Payment is due in full, prior to the first session,** unless alternative arrangements have been made.
- Credits on account must be claimed within six months or will be forfeited.
- Parent/Caregiver must stay in the building for the duration of the therapy.
- I have received and read the FAR Policies page.

Initial here your understanding of the above _____



Emergency Contact Information

Additional contacts other than Parent/Guardian listed on front

Emergency contact person (Primary)	Relationship to Individual		
Street Address	City	State	Zip
Primary phone	Secondary phone		
Emergency contact person (Secondary)	Relationship to Individual		
Street Address	City	State	Zip
Home phone	Cell phone	Work Phone	

AUTHORIZATION AND RELEASE FOR INDIVIDUALS UNDER THE AGE OF 18 OR ADULT INDIVIDUAL WITH A GUARDIAN

As the Parent(s)/Guardian(s) of _____ (hereafter, the "individual"), I/We agree to the following:

- I/we hereby release FAR Therapeutic Arts and Recreation (hereafter "FAR"), its employees, agents & co-sponsors from any and all claims of liability which might arise in connection with its programs and public performances and activities.
- In the event of an emergency, the staff of FAR is authorized to take whatever action is deemed necessary.
- Photo, video, film, interviews and artwork of the individual may be sold or reproduced or used for information or publicity relating to FAR in print, on the FAR website or any social media.
- The above individual may participate in public performances with FAR.
- FAR may contact the above individual's teacher, school, doctor and/or therapist for information, and I consent to the release of personally identifiable information from education records.
- I/we understand that FAR assumes no responsibility for any injury that might be suffered by the individual and that the individual and parent assumes all risk for personal injury, loss or damage of property including but not limited to any injury sustained from riding in the FAR provided transportation during activities that involve travel (including but not limited to, community activities, Social Connections or other FAR related events).
- I understand and agree that I will remain at the site at which my child is being served, and that a responsible adult may be substituted if there is a written authorization on file with the office in advance.

Signature of Parent(s)/Guardian(s)	Date
Signature of Parent(s)/Guardian(s)	Date

AUTHORIZATION AND RELEASE FOR INDIVIDUALS AGE 18 AND OVER (IF OWN GUARDIAN)

I, _____ (hereafter, the "individual") agree to the following:
 (Individual Name)

- I hereby release FAR, its employees, agents & co-sponsors from any and all claims of liability which might arise in connection with its programs and public performances and activities.
- In the event of an emergency, the staff of FAR is authorized to take whatever action is deemed necessary.
- Photo, video, film, interviews and artwork of the individual may be sold or reproduced or used for information or publicity relating to FAR in print, on the FAR website or any social media.
- The above individual may participate in public performances with FAR.
- FAR may contact the above individual's teacher, school, doctor and/or therapist for information, and I consent to the release of personally identifiable information from education records.
- I understand that FAR assumes no responsibility for any injury that might be suffered by the individual and that the individual assumes all risk for personal injury, loss or damage of property including but not limited to any injury sustained from riding in the FAR provided transportation during activities that involve travel (including but not limited to, community activities, Social Connections or other FAR related events).

Signature of Individual	Date
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