St. Louis Arc Participant Profile

Please complete both sides & mail.

Participant Name | Date of Birth | Social Security Number (print legibly—confirm by viewing card or appropriate documentation as necessary)

Home phone | Cell phone | E-mail Address

Street Address

Please check here to receive brochure and registration form via email ONLY.____
Please send my registration form and brochure to the email address above.

City | State | Zip Code | Participant's Employer

1

Gender

- ☐ Male
- ☐ Female

2

Participant Lives: (include agency name when appropriate

- ☐ w/Family
- ☐ Independently
- ☐ Foster Home
- ☐ Specialized Facility ____________
- ☐ Nursing Home ______________
- ☐ Habilitation Center ____________
- ☐ Group Home/ISL __________________
- ☐ Individual Supported Living Arrangement
- ☐ Other ____________________________

3

When did disability manifest itself? ☐ Prior to age 19 ☐ Prior to age 22

Participant's Diagnosis:

- ☐ Intellectual Disability
- ☐ Autism Spectrum Disorder
- ☐ Seizure Disorder
- ☐ Cerebral Palsy
- ☐ Learning Disability
- ☐ Traumatic Brain Injury
- ☐ Other ______________

If "Other" diagnosis or "Learning Disability" is checked, select the substantial functional limitations in two or more of the following areas of major life activities:

- ☐ Receptive-Expressive Language
- ☐ Capacity for Independent Living
- ☐ Self Direction or Economic Self Sufficiency
- ☐ Learning
- ☐ Self Care
- ☐ Mobility

4

Participant's Race:

- ☐ African-American
- ☐ Asian
- ☐ Bi-Racial
- ☐ Other ______________
- ☐ Caucasian
- ☐ Native American
- ☐ Hispanic

5

Do you receive case management services?

☐ Yes ☐ No

If yes, choose one:

☐ Regional Office ☐ DDRB/DDR

Support Coordinator/Case Manager Name:

Service Coordinator Phone: **DMH ID#**

6

Medical/Dietary Concerns OR Accommodation Needed:

7

1st Emergency Contact: Guardian? ☐ **Emergency Contact priority:** 1 2 3

Name | Relationship | (Area Code) Home Phone Number

Address | (Area Code) Work Phone Number

City | State | ZIP | (Area Code) Cell Phone Number

E-mail | Employer

2nd Emergency Contact: **Emergency Contact priority:** 1 2 3

Name | Relationship | (Area Code) Home Phone Number

Address | City | State | ZIP | Work Phone Number | Cell Phone Number

Employer | E-mail

Fall 2015

Release and Agreement Statement

I hereby give permission to the physician selected by the program director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for the participant as named on this form at my expense. By signing, I give permission to the St. Louis Arc to release my personal information to the program leader. I do hereby indemnify said Association, its agents and employees, and agree to hold it and them harmless from any and all liability arising out of any injury, illness, or accident that might happen to the participant and from any damage the participant might cause to any person(s) or property while in the care of the Association or its agents of employees.

I have read the above, which I understand and agree to abide by.

____ Signature of Participant Date

____ Signature of Parent or Guardian Date

I hereby authorize the use of my name, photographs and/or videotape for newspaper, radio, website, advertisement or publication by the St. Louis Arc. Please initial here if you agree to this statement. __________

Please Complete Both Sides

Leisure Times Fall 2015 Registration Form

St. Louis Arc

Participant's Name:

T-Shirt Size *(please circle choice)* S M L XL XXL XXXL

Children Programs

Program	PROGRAM FEES
CHILDREN'S MUSIC Fee: $50 per session Ages 3 & Under: ____Fri. 10:45 - 11:30am Ages 5 to 9 years: ____Mon. 4-4:45 pm Ages 3 to 6 years: ____Fri. 1:30 - 2:15pm Ages 9-12 years: ____Mon. 5-5:45 pm	
___CHILDREN'S SIBSHOPS Fee: $60.00	
___ FRIENDSHIP FUSION Fee: $75.00 ___ Session I ___ Session II	
___ KREATIVE ART FOR KIDS Fee: $75.00 ____ Session I ___ Session II	

Teen Programs

Program	Fee
___TEEN SIBLING MEET UP Fee: $60.00	
___TEEN SCENE Fee: $75.00	
___TEEN BOWLING Pre Pay Option: $140.00 Program fee $30 or pre pay option	
___TEEN MEET UP Fee: $30.00	

Family Programs

Program	Fee
___FAMILY FUN NIGHT Fee: $0	

Total fee from column 1:

METHOD OF PAYMENT

☐ St. Louis Arc Resident ONLY—Payment from Escrow

☐ Check Enclosed *(Payable to St. Louis Arc/Leisure Services)*

☐ Please charge my credit card

☐ Visa ☐ MasterCard ☐ Discover

Credit Card number:

Expiration Date:

Name on Card:____

(Required—Please Print)

For Office Use Only

*Date Received*_________________ *Amt 1 coded to* _________________

*Payment Amount*_______________ *Amt 2 coded to* _________________

*Payment Method*_______________ *Amt 3 coded to*_________________

Adult Programs

Program	Fee
COOKING FOR COMFORT Fee: $40.00 per session Session I: Fall Desserts: ___ 4:30-6:30 pm, ___ 6:30-8:30 pm Session II: Thanksgiving Favorites: ___ 4:30-6:30 pm, ___ 6:30-8:30 pm	
___ARTIST IN YOU! Fee: $75.00	
NEXT CHAPTER BOOK CLUB Fee: $15.00 per session Locations: (select 1st & 2nd choice) and session ____Ladue ____Crestwood ____Chesterfield ____Des Peres ____Session I: 6:00 - 7:00 pm ___ Session II: 7:00 - 8:00 pm	
___ST. LOUIS SCENE MEET UP Fee: $30.00	
BOWLING — Pre-Pay Option ____Brunswick Bowl $250.00 ____Sunset/Watson $140.00 ____Sunset Bowl $150.00 ____Olivette Bowl (Sat.) $250.00 ____Olivette Bowl (Wed.) $90.00 Program Fee $30.00 OR Pre-Pay Option (amount above)	
DANCE CLUB Program Fee $30.00 OR $140.00 Prepay ____ Club 1177 ____ Club South	
WALKING CLUB: Fee: $50.00 ____All Parks (6 week session) 3—Week Sessions: Fee:$30 per session/park ____ Longview Park only ____ Des Peres Park only	
__20 SOMETHING'S MEET UP GROUP Fee $30.00	
____ HEALTHY RELATIONSHIPS I Fee: $75.00	
SOCCER: Fee: $50.00 ___ Sugar Creek Park ___ Beirne Park	
ADULT MUSIC Fee: $50.00 per session __ Session I: Sept. 17 - Oct. 22 — ____ Thur. 10-10:45 am __ Session II: Nov. 5 - Dec. 17 — ____ Thur. 11-11:45 am	
ADULT MUSIC Fee $50.00 per session Mon. 6:30-7:15 pm ___ Session I: Sept. 14 - Oct. 19, 2015 ___ Session II: Oct. 26 - Dec. 7, 2015	

Total fee from Column 1:

Total fee from Column 2:

GRAND TOTAL:

PLEASE RETURN FORM AND FEES TO:
St. Louis Arc/Leisure Services
Attention: Accounts Receivable
1177 N. Warson Rd.
St. Louis, MO 63132

Registration Deadline Sept 12, 2015