St. Louis Arc Participant Profile

Please complete both sides & mail.

Participant Name

Social Security Number (print legibly—confirm by viewing card or appropriate documentation as necessary)

Home phone | Cell phone | E-mail Address

Street Address | City | State | Zip Code

Participant's Employer

1

Date of Birth

Gender

☐ Male ☐ Female

2

Participant Lives:

☐ w/Family ☐ Independently ☐ Individual Supported Living ☐ Specialized Facility ☐ Nursing Home ☐ Habilitation Center ☐ Foster Home ☐ Group Home ☐ Other

3

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

Participant's Diagnosis:

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

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 ☐ Learning
☐ Capacity for Independent Living ☐ Self Care
☐ Self Direction or Economic Self Sufficiency ☐ Mobility

4

Participant's Race:

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

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? ☐ Yes ☐ No **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 | Work Phone Number | Cell Phone Number

City | State | ZIP | E-mail

Winter 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 Winter 2015 Registration Form

Participant's Name:

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

Children & Teen Programs

PROGRAM FEES

CHILDREN'S MUSIC Fee: $50.00 per session

Ages 3 & Under
____Fri. 9:45-10:30am
____Fri.10:45-11:30am

Ages 5 to 9 years
____Mon. 5-5:45 pm

Ages 3 to 6 years
____Fri. 1-1:45 pm
____Fri. 2-2:45 pm
____Mon. 4-4:45 pm

FRIENDSHIP FUSION Fee: $75.00 per session
____ Session I ___ Session II

__CHILDREN or __ TEEN SIBSHOP Fee: $35.00

___TEEN MEET UP Fee: $30.00

___CAMP WARSON Fee: $250.00

___TEEN SCENE Fee: $75.00

___TEEN BOWLING
Program Fee: $15.00 OR Pre-Pay Option $85.00

Teen & Adult Programs

___ARTIST IN YOU! Fee: $75.00

COOKING FOR COMFORT Fee: $40.00 per session

Session I
___ 4:30-6:30 pm
___ 7:00-9:00 pm

Session II
___ 4:30-6:30 pm
___ 7:00-9:00 pm

Family Programs

____FAMILY COOKING Fee: $100.00

Total fee from column 1:

Adult Programs

BOWLING:

League	Pre-Pay
____Sunset Bowl (9 a.m.)	$85.00
____Sunset Bowl (3 p.m.)	$85.00
____Olivette Bowl (Sat.)	$150.00
____Olivette Bowl (Wed.)	$150.00

Program Fee $15.00 OR Pre-Pay Option

BASKETBALL Fee: $50.00
____ Bearcats ____ Northstars
____ Blue Devils ____ Rattlers
____ Stingrays ____ Hawks
____ Phantoms ____ Roadrunners

ARC UNITED BASKETBALL Fee: $50.00
___Heat ___Slam ___Thunder
___ Hurricanes ___ Blazers ___ Jets

__20 SOMETHING SOCIAL GROUP
Program Fee: $15.00 (plus pay at door) OR $45.00 Pre-pay

____ST. LOUIS SCENE MEET UP Fee: $15.00

DANCE CLUB Program Fee $15.00 OR $105.00 Prepay
____ Club 1177 ____ Club South

NEXT CHAPTER BOOK CLUB Fee: $15.00
(Please mark 1st and 2nd choice of location)
____Ladue ____Chesterfield ____Crestwood ____ DesPeres

____ADULT MUSIC

Session I-Fee: $50.00 (per session)
____ Thur. 10-10:45 am
____ Thur. 11-11:45 am

Session II-Fee $40.00
___ Mon. 6:30-7:15 pm

Total fee from Column 1:

Total fee from Column 2:

GRAND TOTAL:

Registration Deadline
December 12, 2014

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

Credit Card number:

Expiration Date:

Name on Card:_____
(Required—Please Print)

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

For Office Use Only

*Date Received*_____ *Amt 1 coded to*_____

*Payment Amount*_____ *Amt 2 coded to*_____

*Payment Method*_____ *Amt 3 coded to*_____