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

Are you a resident of:
☐ St. Louis City ☐ St. Louis County
☐ St. Charles County ☐ Jefferson County

Marital Status: ☐ Single ☐ Married

No. of Dependents:

2

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

Are you an active St. Louis Regional Office client?
☐ Yes ☐ No

Regional Office Service Coordinator Name:

Service Coordinator Phone: **DMH ID#**

6

Do you receive Medicaid Waiver Funds? ☐ Yes ☐ No

Type of Waiver Funding: ☐ Comprehensive Waiver ☐ Community Waiver ☐ Sarah Lopez Waiver ☐ Partnership for Hope Waiver

7

Guardian (If registrant is own guardian, check here ☐) **Emergency Contact?** ☐ Yes ☐ No **If yes, please circle 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

1st Contact Information: **Emergency Contact?** ☐ Yes ☐ No **If yes, please circle priority:** 1 2 3

Name | Relationship | (Area Code) Home Phone Number

Address | Work Phone Number | Cell Phone Number

City | State | ZIP | E-mail

2nd Contact Information: **Emergency Contact?** ☐ Yes ☐ No **If yes, please circle priority:** 1 2 3

Name | Relationship | (Area Code) Home Phone Number

Address | Work Phone Number | Cell Phone Number

City | State | ZIP | E-mail

Leisure Times Winter/Spring 2014 Registration Form

Children & Teen Programs (ages 7—20)

____ SCENE Jr. (St. Louis Scene) Fee: $15
Mid Season Enrollment Only *(If you registered in the fall you DO NOT need to register or pay program fee again.)*

____ FRIENDSHIP FUSION PROGRAM FEE: $75

_____ THE SCENE (St. Louis Scene) Fee: $15
Mid Season Enrollment Only *(If you registered in September you DO NOT need to register or pay program fee again.)*

____ TEEN BOWLING/SUNSET ***Mid Season Enrollment Only*** *(If you registered in the fall you DO NOT need to register or pay program fee again.)* **Fee: $15 or $75.00 Pre-Pay Option**

____ TEEN SCENE Fee: $75

Teen & Adult Programs (16 & older)

COOKING FOR COMFORT Per Session Fee: $40
Session I—Irresistible Desserts:
____ 4:30-6:30pm (ages 16-25)
____ 7:00-9:00 pm (26 and older)
Session II—Italian Foods:
____ 4:30-6:30 pm ages 16-25)
____ 7:00-9:00 pm (26 and older) TOTAL FEE:

____ THE ARTIST IN YOU II Fee: $75

DANCE CLUB NORTH
Mid Season Enrollment Only *(If you registered in the fall you DO NOT need to register or pay fee again.)*
$10 pay at the door per dance or $75 prepay option
PROGRAM FEE $15 OR PRE-PAY OPTION

Adult Programs (18 & older)

____ Arc UNITED BASKETBALL Fee: $50

____ Arc UNITED SOCCER Fee: $50

NEXT CHAPTER BOOK CLUB II *(select location)*
____ Ladue ____ Crestwood ____ Chesterfield
____ Fenton ____ Des Peres
PROGRAM FEE: $15

____ HEALTHY RELATIONSHIPS II Fee: $75

BOWLING LEAGUES
Mid Season Enrollment Only *(If you registered in September you DO NOT need to register or pay program fee again.)*
$8 for 2 games pay at door (per Saturday) OR Pre-Pay Option
____ Olivette Bowl (Weekday) $130
____ Sunset/Watson Bowl (9:00 a.m.) $75
PROGRAM FEE: $15 OR PRE-PAY OPTION:

ST. LOUIS SCENE
Mid Season Enrollment Only *(If you registered in September you DO NOT need to register or pay fee again.)*
____ IN THE SCENE (ages 21—54) Fee: $15
____ SENIOR SCENE (age 55 and up) Fee: $15

TOTAL FEES ENCLOSED:

Participant's Name:

Medical/Dietary Concerns:

Accommodations Needed:

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***

PHOTO RELEASE AUTHORIZATION

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.** _____

METHOD OF PAYMENT

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

☐ Please charge my credit card

☐ Visa ☐ MasterCard

Credit Card number

Expiration Date: ☐☐☐☐

Name on Card:_____

☐ St. Louis Arc Resident ONLY—Payment from Escrow

For Office Use Only

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

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

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

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