



2023 Winter/Spring Registration

Adults and Young Adults in the Community

Registration Deadline: January 4th

| | | | |
|---------------------|------|-----------|--------------|
| Name of Participant | | Birthdate | |
| Address | Town | Zip | Municipality |
| Primary Phone | | Email | |

Information Update, please fill out reverse side of application form to keep our records current. This can also be filled out online.

New Participants must schedule an intake interview prior to acceptance of registration, please call **914-347-4409** to arrange.

| Please Check | Program | In-District and/or OPWDD Approved | Out-of-District and NOT OPWDD Approved |
|--------------------------|--|-----------------------------------|--|
| | | Circle Price | |
| <input type="checkbox"/> | Bowling | \$260 | \$300 |
| <input type="checkbox"/> | Bowling Transportation Fee. Please check location below: <input type="checkbox"/> Bradhurst <input type="checkbox"/> Boys & Girls Club <input type="checkbox"/> WARC Workshop (<i>only one-way</i>) | Fee Included, Select Location | \$150 Round Trip \$75 One Way |
| <input type="checkbox"/> | Team Sports | \$240 | \$300 |
| <input type="checkbox"/> | Sports Time *New for Kids 8 – 15* | \$100 | \$150 |
| <input type="checkbox"/> | Fitness Frenzy *Special Olympics Medical Form Required* | \$180 | \$225 |
| <input type="checkbox"/> | Nite Club (select date(s)) <input type="checkbox"/> 2/10 <input type="checkbox"/> 3/10 <input type="checkbox"/> 4/14 | \$10/night | \$10/night |
| <input type="checkbox"/> | Food & Film (Teens & Adults) | \$25 | \$35 |
| <input type="checkbox"/> | Dinner & a Movie | \$115 | \$150 |
| <input type="checkbox"/> | Curling | \$160 | \$200 |
| <input type="checkbox"/> | Enhance Your Talent | \$25 | \$35 |
| <input type="checkbox"/> | Girls Night Out | \$30 | \$40 |
| <input type="checkbox"/> | Saturday Clubhouse | \$350 | \$500 |
| <input type="checkbox"/> | Fantastic Friends | \$460 | \$560 |
| <input type="checkbox"/> | Escapades | \$325 | \$425 |
| <input type="checkbox"/> | Adult Trip: 1/21: Army Basketball Game | \$50 | \$70 |
| <input type="checkbox"/> | Adult Trip: 2/4: Bridgeport Discovery Museum | \$60 | \$80 |
| <input type="checkbox"/> | Adult Trip: 2/11: Valentine's Day Celebration | \$45 | \$60 |
| <input type="checkbox"/> | Adult Trip: 3/11: Day at Blue Mountain | \$45 | \$70 |
| <input type="checkbox"/> | Adult Trip: 3/18: Bridgeport Islanders (7pm Game) | \$60 | \$80 |
| <input type="checkbox"/> | Adult Trip: 3/25: Mall & Movies | \$55 | \$80 |
| <input type="checkbox"/> | Adult Trip: 4/1: Bear Mountain Zoo | \$50 | \$70 |
| <input type="checkbox"/> | Adult Trip: 4/29: Garden Party | \$45 | \$60 |
| <input type="checkbox"/> | Adult Trip: 5/6: Downtown Cabaret Theater | \$55 | \$75 |
| <input type="checkbox"/> | Spring Trip: 5/11 – 5/14: Cape May, NJ | \$700 | \$800 |

Travel Authorization: Please indicate in detail how this participant may be discharged from program (i.e., travels independently, can leave only with parent, etc.) _____

Does this participant require staff supervision while waiting for pick up? Yes No

Please note: Confirmations will be sent upon acceptance into program via our new Online Registration System. Your bill will be attached with payment information.

Authorized Signature: _____ Date: _____

North East Seasonal Information Update

Please fill out all information accurately, if anything changes mid-season, please let us know so we can keep our records updated to best serve every participant and family.

First & Last Name: _____ Phone (if applicable): _____

Full Address: _____

Parent/Guardian 1 Name: _____ Cell Phone: _____

Parent/Guardian 2 Name: _____ Cell Phone: _____

Emergency Contact Name: _____ Cell Phone: _____

Any changes in health/medications? _____

Any life changes that have impacted them? *(i.e. change of school, graduation, family illness, death, recent move, new baby, grandparents move in, new day program, new job, etc.)* _____

Any new challenging behaviors that need to be addressed? _____

Any behavior plan being implemented? _____

Any new interests, likes, dislikes? _____

Any new allergies? _____

Anything else important that we should be aware of to help with your child's success in our programs? _____

PARENT/GUARDIAN AUTHORIZATION

(Please do not cross out any portion of this authorization. This statement must be approved in its entirety).

The information in this application is correct as far as I know. The applicant has permission to take part in all North East Westchester Special Recreation, Inc. activities, to include swimming, as noted by me or by the examining physician. I understand that every attempt will be made to contact me in case of an emergency. In the event I cannot be reached, I give consent to emergency transportation, x-rays, medical treatment(s), surgery or dental care for above applicant. I agree to assume responsibility for charges so incurred. I give North East Westchester Special Recreation, Inc. permission to have access to school or work records. (All information will remain confidential.) I understand that photographs/videos taken at North East may be used by the agency for promotional purposes and documentation of specific activities.

We are continually assessing our programs and those who participate in them. When we conduct our initial intake, we will discuss with you the fact that we reserve the right to change placement as we deem appropriate; although we will discuss this with those involved, the final decision will be made by North East.

(Parent/Guardian Signature)

Date