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

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. _____

Winter 2016

Please Complete Both Sides

Leisure Times Winter 2016 Registration Form

Participant's Name:

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

Children Programs

PROGRAM FEES

CHILDREN'S MUSIC
Ages 3 & Under — Fee: $50 per session
____Mon. 10:45 - 1:30 a.m.
Ages 3 to 6 years
____Mon. 1:30 - 2:15 p.m. ___ Session I ___ Session II
Ages 5 to 9 years
____Mon. 4:00 - 4:45 p.m.
Ages 9-12 years
____Mon. 5:00 - 5:45 p.m.

___CHILDREN'S SIBSHOPS Fee: $60.00

___ FRIENDSHIP FUSION Fee: $75.00
___ Session I ___ Session II

___ KREATIVE ART FOR KIDS Fee: $75.00

Teen Programs

___CAMP WARSON Fee: $250.00

___TEEN SCENE Fee: $75.00

___TEEN BOWLING Fee: $30.00

___TEEN MEET UP Fee: $30.00

Family Programs

___FAMILY COOKING Per Family Fee: $100

___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

COOKING FOR COMFORT Fee: $40.00 per session
Session I: Sauces & Gravy
___ 4:30-6:30 p.m.
___ 6:30-8:30 p.m.
Session II: Low Calorie Low Fat
___ 4:30-6:30 p.m.
___ 6:30-8:30 p.m.

___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 p.m. ___ Session II: 7:00 - 8:00 p.m.

___ST. LOUIS SCENE MEET UP Fee: $30.00

BOWLING Fee: $30.00
___Brunswick Bowl
___Sunset/Watson (a.m.)
___ Sunset Bowl (p.m.)

DANCE CLUB Fee $30.00
____ Club 1177 ____ Club South

___20 SOMETHING'S MEET UP GROUP Fee $30.00

BASKETBALL Fee: $50.00
___ Bearcats ___Hawks
___ Northstars ___Rattlers
___Phantoms ___Stingrays
___Roadrunners ___Blue Devils

ARC UNITED BASKETBALL Fee: $50.00
___ Hurricanes ___ Slam
___ Heat ___ Thunder
___ Jets ___ Blazers

ARC UNITED SOCCER Fee: $50.00
___ Smash

___ HEALTHY RELATIONSHIPS I Fee: $75.00

___ AWAKE, AWARE & ALIVE! Fee: $75.00

ADULT MUSIC Fee: $50.00 per session
__ **Session I:** Jan. 14 - Mar. 17 __ **Session II:** Mar. 24 - Apr. 28
____ Thur. 10-10:45 a.m. ____ Thur. 11-11:45 a.m.

ADULT MUSIC Fee $50.00 per session
Mon. 6:30 - 7:15 p.m.
___ Session I: Jan. 11 - Mar. 21, 2016
___ Session II: Mar. 28 - May 2, 2016

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 Dec.18, 2015