

The Arc Gloucester Lifelong Learning Program Application - Fall 2024

Section A: Confidential / Attn: On Site Coordinator

Participant's information:

Name: _____ Age: _____ Sex: M / F D.O.B. _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (H) _____ (C) _____ E-Mail: _____

Class Choice: 1st Choice _____ 2nd Choice _____

Method of Payment: _____ Check _____ Money Order Cash _____ Credit Card

First Emergency Contact:

Name: _____ Relationship to participant: _____

Phone: Home _____ Cell _____

Second (Back-up) Emergency Contact:

Name: _____ Relationship to participant: _____

Phone: Home _____ Cell _____

I acknowledge that my participation in The Arc Gloucester's Lifelong Learning Program is on a voluntary basis and assume any and all risks for my participation in the program. To the best of my knowledge, I have no health concerns that will impact my participation in the program. I further waive, release, and discharge The Arc Gloucester/Calvary Chapel Gloucester County from any and all claims for injuries or damages of any kind. It is agreed that The Arc Gloucester/Calvary Chapel Gloucester County assumes no responsibility for my personal property.

Participant Signature or Caregiver: _____ Date: _____

Guardian Signature is not required

*I permit The Arc Gloucester to use my name and picture in the form of film/videotape/brochure/newspaper for the purpose of publicizing or promoting this program.

Participant Signature or Caregiver: _____ Date: _____

Guardian Signature is not required

Please return completed application by **September 9, 2024**, to stryfonos@thearcgloucester.org

or mail to:

The Arc Gloucester / Lifelong Learning Program

1555 Gateway Blvd., West Deptford, NJ 08096

Attn: Stefanie Tryfonos

Section B: To be used by instructors for planning.

Please complete all sections that apply so that we can properly prepare to meet all of your needs. Please Note: This information will be shared with the instructor of the class.

Allergies: (e.g., bee stings, insects, plants, food, etc.) Identify specific allergy/reaction:

Special Dietary Concerns: (e.g., sugar free, gluten free, low cholesterol) Please explain:

Seizures: (circle one) Yes / No Please describe a typical seizure: _____

***Participants requiring 1:1 assistance will be responsible for providing their own 1:1 aide.**

I will be accompanied by a 1:1 aid (circle one): Yes / No

To further help the teachers prepare for their classes, please explain if you (the applicant) have any difficulty, or will need assistance, with the following areas. Please provide details.

1. Communication:

Ability to communicate verbally:	__ good	__ fair	__ poor
Responds to simple instructions:	__ good	__ fair	__ poor
Communicates using gestures:	__ good	__ fair	__ poor
Uses sign language:	__ good	__ fair	__ poor
Hearing:	__ good	__ fair	__ poor
Vision:	__ good	__ fair	__ poor

Please explain: _____

2. Mobility /Motor Skills:

Ambulation:	__ good	__ fair	__ poor
Body Balance:	__ good	__ fair	__ poor
Control of hands:	__ good	__ fair	__ poor
Ability to hold pencil, crayon, etc.:	__ good	__ fair	__ poor
General physical ability:	__ good	__ fair	__ poor
Independent bathroom skills:	__ good	__ fair	__ poor

Please explain: _____

Additional Information:

Please provide any medical or behavioral information that is not covered above that will help us prepare for your successful participation in the Lifelong Learning Program. Please be sure to include any restrictions or adaption that may be needed.
