

# The Arc Gloucester Lifelong Learning Program Application - Spring 2023

## 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: 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> 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 **March 22<sup>nd</sup>** to **mruble@thearcgloucester.org**

or mail to:

The Arc Gloucester / Lifelong Learning Program  
1555 Gateway Blvd., West Deptford, NJ 08096  
Attn: Maria Ruble

## 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:

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

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**Seizures:** (circle one) Yes / No Please describe a typical seizure: \_\_\_\_\_

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**\*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

In order 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: \_\_\_\_\_

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### 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: \_\_\_\_\_

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### 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. \_\_\_\_\_

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