

The Arc Gloucester Lifelong Learning Program Application - Spring 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 **March 25, 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.
