

SIBLING/FAMILY REGISTRATION FORM

If registering more than one participant, please complete an additional form. Family members may register underneath Participant Registration section. Would you like to be added to our mailing/e-mail list? Please check

PARTICIPANT'S INFORMATION:

Participant's Name (Legal Last) _____ (Legal First) _____ (Preferred) _____
 Address _____ City _____ Zip _____
 Park District _____ Township _____ If you **DO NOT** wish to give photo/video permission, please initial here _____
 Home Number _____ Cell Number _____ E-mail _____
 Gender _____ Age _____ Birthdate _____ Diagnosis _____ Ethnicity _____
 Residential Facility Name _____ In case of emergency at program please contact _____
 School/Day Center attending _____ Home School District (If different from attending) _____
 Teacher/QIDP _____ E-mail _____ Phone Number _____
 Permission to contact above, please initial here _____ Participant is own guardian Yes No Staffing Ratio: 1:1 1:2 1:4 Independent

FAMILY MEMBER(S) ATTENDING AND RELATIONSHIP TO PARTICIPANT	BIRTHDATE (MM/DD/YYYY)	GENDER	PROGRAM #	PROGRAM NAME	PROGRAM FEE

Please indicate any important information about family members that staff should be made aware of:

WILL THERE BE RESIDENTIAL STAFF ATTENDING THE PROGRAM(S)?	
WHICH PROGRAM(S)?	
WILL THEY BE ABLE TO ASSIST WITH PERSONAL CARE/BEHAVIOR?	

You may charge your registration. Please check one.
 American Express Discover MasterCard Visa
 Account # _____ Expiration Date ____ / ____ CVC# _____
 If requesting auto withdrawal payment plan, please check here By checking the automatic withdrawal box on the registration form, I authorize NWSRA to automatically withdraw payments according to the schedule listed within the registration information section of the brochure.

All past balances must be paid in full prior to registration.
 Total Program Cost \$ _____
 Program Credits \$ _____
 SLSF Donation \$ _____
 Total Enclosed \$ _____
Make check payable to NWSRA

Guardian Signature: _____ Date: _____