



# Registration Form 2022

## STUDENT INFORMATION

(Please type or print legibly)

Student Last Name: \_\_\_\_\_ First \_\_\_\_\_

Middle \_\_\_\_\_

Gender:  Female  Male Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

School: \_\_\_\_\_ IEP: YES NO Grade: \_\_\_\_\_ County: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

(Please type or print legibly)

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Mother's Day Phone: \_\_\_\_\_ Father's Day Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Father's Cell: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal/Zip Code: \_\_\_\_\_

County: \_\_\_\_\_

Mom Email: \_\_\_\_\_ Dad Email: \_\_\_\_\_

Mom Employment: \_\_\_\_\_ Dad Employment: \_\_\_\_\_

## EMERGENCY CONTACT

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

## PROGRAMS

### Social Saturdays:


### Friendship Squad:

### Camp:

Does your child have any exposure to trauma, or have they had any traumatic experiences?

Example: Bullying, Physical or Emotional Abuse If so, please explain, including any information that might help us to best accommodate them \_\_\_\_\_

Is your child on any medication?  Yes  No Please specify: \_\_\_\_\_

Physical Conditions:  Yes  No Please specify: \_\_\_\_\_

Psychological Conditions:  Yes  No \_\_\_\_\_

Is your child up to date on all state-required immunizations?  Yes  No Last Tetanus: \_\_\_\_\_

Does Your Child Have Sensory Integration Issues?  Yes  No Please specify: \_\_\_\_\_

Does Your Child Wander?  Yes  No Please specify: \_\_\_\_\_

Is Your Child Aggressive?  Yes  No If Yes, Does Your Child Hit or Bite?  Yes  No

Specific Fears or Anxieties?  Yes  No \_\_\_\_\_

Allergies:

Can your child swim?  Yes  No 75

## Need to Know

**Lunch:** Please provide a bagged lunch each day for your child. Do NOT send microwavable food as we will most likely not have access to a microwave on field trips. Glass bottles/containers are not allowed.

**Payments:** Tuition may be paid by check to **RAIN** or online at our website, [www.richmondautism.org](http://www.richmondautism.org). **Payment is due at the time of registration** unless other arrangements have been made prior to attending. If you need to make financial arrangements or inquire about scholarships, please do not hesitate to call us to discuss!

### Fees:

- **Social Saturday \$335 for entire 5 week session or \$75 drop in fee**
- Friendship Squad **\$30** per occurrence
- Camp Fees (Dependent on COVID)

**DROP OFF AND PICK UP TIMES:** Drop off 10 AM Pick up 2 PM (Social Saturday)

Drop off 9 AM- Pick up 3PM (Camp)

Drop off 6 PM Pick up 8:30 PM ( Friendship Squad)

**INDIVIDUAL CONTRACT**

I hereby state that (camper’s name) \_\_\_\_\_ is in good physical health and is able to participate in the activities provided by **RAIN**. I am fully aware that injuries can occur during any activity. I hereby release **RAIN**, its volunteers and its staff from liability to the above named camper, arising from injury to the person or property of the above named camper occurring in the premises of **RAIN**, including any event sponsored by **RAIN**, and/or travel to and from such activities.

To the extent allowed by law, I, the undersigned am the parent/guardian of the individual(s) named below, and shall hold harmless, indemnify, and defend Richmond Autism Integration Network (RAIN) and it’s officers, employees, volunteers and agents from and against any and all liability, loss, damage, expense, cost of every nature, and causes of actions arising out of or in connection with any negligence in the performance of this agreement. It is further understood and agreed that this waiver, release and assumption of risk to be binding on my heirs and assigns. RAIN also reserves the right to remove participants from the program if they present a threat to the other attendees or themselves. RAIN may immediately terminate a contract based on the discretion of the director or other parties without warning and without refund.

I hereby grant permission to the RAIN to take my photo while participating in the activities to use for whatever they deem appropriate. One parent/guardian must sign for all minors.

I give my child \_\_\_\_\_ permission to be transported by staff at Richmond Autism Integration Network using RAIN vehicles. I understand that if my child does not follow safety rules as determined by the behavior contract, they may not be able to use RAIN transportation.

I understand that RAIN reserves the right to terminate any contract at any time if terms are not met. **Refunds are not granted for any reason unless agreed upon in writing.** I also understand that RAIN does not provide make-ups nor do they pro-rate for any days missed for any reason. Please do your best to come to the program every day you are scheduled.

**WAIVER**

I understand that while RAIN will take proper precautions against the spread of COVID-19 and like viruses, they cannot guarantee that my child will not be exposed. I understand that my child will need to wear a mask during cooking and travel unless a documented medical exemption is noted. (Please provide medical exemptions document at time of registration.) **I agree to waive liability for exposure to any viral or bacterial agent (and any effects resulting from exposure) including but not limited to COVID-19.**

I understand that if my child has any of the following symptoms, he/she will not be allowed to attend. I also understand that if he/she develops these symptoms while attending programs, he/she will be separated (with supervision) and I will need to pick him/her up immediately. **Fever, Chills, Cough, Shortness of breath, Fatigue, Muscle or Body aches, Severe headache, Loss of Taste or Smell, Congestion, Nausea or Vomiting, Diarrhea**

I have read this entire Informed Consent Agreement. I fully understand it and I agree to be legally bound by it.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Permission to Pick Up

I, \_\_\_\_\_ (Parent or Legal Guardian) give the following people permission to pick up my child \_\_\_\_\_ for the duration of RAIN Programs.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Emergency Contact and Medical Information

Child's Name	Date of Birth	M	F
		Sex	
Parent's/Guardian's Name	Parent's/Guardian's Name		
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

## Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact		
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
City, ST ZIP Code		City, ST ZIP Code	

## Medical Information

Hospital/Clinic Preference

Physician's Name	Phone Number
Insurance Company	Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only if neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature	Date
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