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|  | **Registration Form 2019** |
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|  |  |
| STUDENT INFORMATION | (Please type or print legibly) |

|  |  |
| --- | --- |
| Student Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Middle\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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

**Spring Break:**

|  |  |
| --- | --- |
|  | 4/1-4/5 |

**Summer Camp:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  | | --- | --- | --- | --- | |  | 7/1-7/5 |  | 7/29-8/2 | |  | 7/8-7/12 |  | 8/5-8/9 | |  | 7/15-7/19 |  | 8/12-8/16 | |  | 7/22-7/26 |  | 8/19-8/23 | | | |  |  |
|  |  |
|  | | |  |  |
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How did you hear about RAIN? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ABOUT YOUR CHILD

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

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Psychological Conditions: **□** Yes □ No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Specific Fears or Anxieties? □ Yes □ No

Please List:

Allergies**:** □Yes □ No If yes, please explain:

Please share specific social skills and life skills that you are hoping your child will be able to improve by attending the program:

Has your child ever attended summer camp? If yes, how was the experience?

Can your child swim? □ Yes □No

# Need to Know

**Lunch:** If your program requires lunch, please provide a bagged lunch each day for your child. Do NOT send microwaveable 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 or cash payable to **RAIN**. **Payment is due on or before the first day of the week** unless other arrangements have been made prior to attending. If arrangements have not been made in advance, a $25 late fee will be incurred for non-payment. All campers must pay a $25 yearly Registration Fee prior to attending a program.

**Social Saturday Fees:**

* **$335 per five-week session due at beginning of Session**
* **$100 Non-Refundable Deposit required to hold spot in session.**

**Camp Fees:**

* **Spring/Summer/Winter Camp: $335.00/Week**
* **$100 Non-Refundable Deposit required to hold spot in session.**

If you need to make financial arrangements, please do not hesitate to call us to discuss!

**DROP OFF AND PICK UP TIMES**

**Social Saturday**:

Drop off 10 AM Pick up 2 PM

**Camp:**

Drop off 9 AM Pick up 3PM

* A $5 fee will be charged for every minute late after a 15 minute courtesy wait.

**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 stafffrom 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, and Bon Air Baptist Church @ the Village** 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 a **non-refundable deposit** of $100 plus $25 registration fee must be paid to hold a space for a session. All other fees must be paid in full the first day of the session unless other arrangements are made in writing in advance. 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.

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 | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | |  |  | | | | | M | F |
| Child’s Name | | |  | Date of Birth | | | | | 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 in the event that neither parent/guardian can be reached in the case of an emergency. | | | | | | | | | | |
|  | | | | |  |  | | | | |
| Parent’s/Guardian’s Signature | | | | |  | Date | | | | |
|  | | | | | | | | | | |
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