

After School ADVENTURES



Sponsored by The Arc of Mower County
Activities for Youth with Intellectual Disabilities in grades 6 - 12

This program offers a safe environment after school hours for children with a variety of disabilities with opportunities to develop friendships, through an assortment of activities including crafts, games, cooking classes, trips, etc. There will also be a daily snack, reading & homework time.

Friday, February 3, 2012 from 3:00 - 5:30 pm

Friday, March 2, 2012 from 3:00 - 5:30 pm

Friday, April 13, 2012 from 3:00 - 5:30 pm

Friday, May 4, 2012 from 3:00 - 5:30 pm

To register or for more information, please contact Jamey Helgeson, Program Director by calling 507-433-8994, Extension 102 or email him at jamey.helgeson@arcmowercounty.org.

After School ADVENTURES: Early Release Day Activities

REGISTRATION FORM

Dad's Name: _____

Phone: _____ (H) _____ (W) _____ (C)

Mom's Name: _____

Phone: _____ (H) _____ (W) _____ (C)

First Child's Name: _____

Birthday: _____ / _____ / _____

School: _____

Teacher: _____

Second Child's Name: _____

Birthday: _____ / _____ / _____

School: _____

Teacher: _____

Third Child's Name: _____

Birthday: _____ / _____ / _____

School: _____

Teacher: _____

Address: _____

City, State, Zip Code: _____

Email Address: _____

Other Emergency Contact: _____

Phone: _____ (H) _____ (W) _____ (C)

Relationship to Child: _____

Authorization for pickup

Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name, address and phone number of any other person/s who you authorize to pickup your child on your behalf.

1. Name: _____

Phone: _____ (H) _____ (W) _____ (C)

Address: _____

City, State, Zip Code: _____

2. Name: _____

Phone: _____ (H) _____ (W) _____ (C)

Address: _____

City, State, Zip Code: _____

3. Name: _____

Phone: _____ (H) _____ (W) _____ (C)

Address: _____

City, State, Zip Code: _____

A parent/guardian's verbal authorization for pickup must be received before your child will be released to anyone not listed here. If not received, and we cannot notify you by phone, the child will not be released.

Medical Information

Doctor: _____ Phone: _____

Address: _____

City, State, Zip Code: _____

Hospital: _____ Phone: _____

Allergies: _____

Medical Problems: _____

Medication: _____

Addition information: Please indicate likes/dislikes, special interests, etc.: _____

Consent / Permission Forms

Medication Assistance:

YES NO

Consent/permission to assist the participant with any prescription or over-the-counter medications(s) their physician has approved or prescribed.

Promotional Materials

YES NO

Consent/permission for photographs and vides to be used on Arc Mower County publications including brochures, newsletters and our website.

Public Materials

YES NO

Consent/permission for photographs and vides to be used for the local media including the Austin Daily Herald, Austin Post Bulletin and KAAL-TV.

Field Trips:

YES NO

Consent/permission to participate in community outings and field trips.

Signature required – The above information has been completed to the best of my knowledge:

Registration form completed by: _____

Date: _____

Please complete this registration form and send to:

Jamey Helgeson
The Arc of Mower County - After School ADVENTURES
401 2nd Ave NE
Austin, MN 55912