



Please attach a Current picture of your child here

### Application

(If returning to Spotlight complete page 8 only)

Date: \_\_\_\_\_ Program:  Social Scenes (9-22)  On Cue (6-9)  Next Stage (14-22)

Desired Start:  Summer  August Week  Fall  Winter  Spring  February Week  April Week

#### Applicant

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender:  M  F  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Family Contact Information

##### Primary Contact

##### Secondary Contact

Parent/Guardian: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Preferred Contact:  Cell  Home  Email  
Employer: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Preferred Contact:  Cell  Home  Email  
Employer: \_\_\_\_\_

#### Additional Emergency Contact Information

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_



**Diagnosis**

- ADHD
- Anxiety
- Asperger's Syndrome
- Autism
- Other (please specify) \_\_\_\_\_
- Behavioral Disorder
- Bipolar Disorder
- Depression
- High Functioning Autism
- Learning Disability
- Nonverbal Learning Disability
- OCD
- PDD/NOS

Is your child aware of his/her diagnosis?  Yes  No

Please list any prescription and over-the-counter medications used (please list additional on back):

Medication	Dosage	Prescribed by:	Purpose	Start Date mm/yy

**Hospitalizations**

Medical or Psychiatric	Date	Reason

**Allergies**

Please list all allergies to medications, food, animals, environment etc.

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**Individual Needs**

Please describe your child's current strengths, likes and interests:

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Please describe your child's most significant challenges and current areas of need:

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Please list any sensory issues that your child may have:

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Please inform us of any social or life changes that have occurred for your child (family, school, friends, etc.) within the past year:

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Please list your child's current personal care needs (e.g. bathing, grooming, dressing, toileting, etc):

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Please list the specific factors or events that trigger frustration or anxiety for your child:

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Please describe any recent episodes of aggressive behavior towards self or others:

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Please describe any recent episodes of bolting or running away from others:

Please describe effective responses and supports that help your child to be successful in emotionally or socially challenging situations:

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What services outside of school have you tried or do you currently have in place?

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Please inform us of anything else you think we should know about your child (if your child needs support with personal care needs such as toileting or feeding)

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How did you hear about Spotlight?

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**Parent/Guardian Signature**

**Date** \_\_\_\_\_

**Applicant Signature (18 years and older)**

**Date** \_\_\_\_\_

**Emergency Medical Authorization and Consent**

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize Spotlight staff to transport my child to the nearest hospital and to secure the necessary medical treatment for my child. I understand the staff members are trained in the basics of First Aid, and I authorize them to give my child First Aid when necessary.

**X Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Pick Up/Drop Off**

I hereby give my permission for my child to be released from the program and/or to be received at the end of the program to the following people:

NAME	RELATIONSHIP TO CHILD	PHONE	ADDRESS

**X Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Transportation Authorization and Consent**

I have been informed that the Spotlight Program schedule may involve a variety of activities in the community which require transportation by the staff of the Spotlight Program in vehicles provided by the Northeast Arc. (Any staff person driving has a valid Massachusetts driver’s license and will ensure that proper safety restraints are used by all vehicle passengers.) I understand that my child will not be transported across state lines or beyond a 30-mile radius of the Spotlight Program (the offices of which are located at 6 Southside Rd., Danvers, MA) without my express written consent.

I authorize the staff of the Spotlight Program to transport my child to and from related community activities using a vehicle provided by the Northeast Arc.

**X Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Release of Information**

When processing applications, it is important for us to communicate with other team members to determine placement into programs and groups. Please provide, as accurately as possible, the contact information for each team member below. (Team members may be school contacts, therapists, mentors, adult family members who share in caring for child, and any other pertinent individuals.) When providing services for your child, Spotlight may continue communicating with team members in order to provide the best care for your child.

**Name of Participant:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Persons/organizations providing/receiving information to/from the Spotlight Program:**

Name/Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Role: \_\_\_\_\_ Email: \_\_\_\_\_

Name/Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Role: \_\_\_\_\_ Email: \_\_\_\_\_

Name/Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Role: \_\_\_\_\_ Email: \_\_\_\_\_

Name/Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Role: \_\_\_\_\_ Email: \_\_\_\_\_

**Specific description of information:**

Treatment goals, intervention methods, notable strengths and challenges, and general progress information

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

I hereby authorize the use or disclosure of the participant's individually identifiable health and treatment information as described below. I understand that this authorization is voluntary. I understand that if the organization authorized to receive the information is not a health plan or health care provider; the released information may no longer be protected by federal privacy regulations' further understand that I may revoke this authorization at any time by notifying the organization in writing, but if I do it won't have any affect on any actions they took before they received revocation.

**Signature of Parent/Guardian or Applicant (if over 18):** \_\_\_\_\_

**Signature of Parent/Guardian or Applicant (if over 18):** \_\_\_\_\_

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Photo and Film Release**

Spotlight is a program that utilizes visual media as a focus for executive functioning, collaboration, and creativity. Spotlight would like to be able to share these wonderful projects and photos while creating on a series of platforms with families, schools, and the community. Below are the intentions of the end results.

This photo release remains in effect until written notification is received by Spotlight changing or revoking this authorization.

Spotlight has individual and group photographs and films taken over the course of the summer program to be used for:

- Session movie montage available for private password encrypted download
- Invitational video (Website/Public Spotlight YouTube)
- Spotlight Website
- Spotlight social media
- Northeast Arc website
- Northeast Arc social media

\_\_\_\_\_

**Parent/Guardian**

\_\_\_\_\_

**Date**

**\*If you would NOT like your child featured in any of the above, please speak to Spotlight Administrative Team for more information or to refuse permission\***

## Returning Group Member Update Form

1. What is the best number to reach a parent or guardian?

Same

New number \_\_\_\_\_

Text okay **Y** **N**

2. What is the best e-mail to reach you \_\_\_\_\_

3. What school does your child currently attend \_\_\_\_\_

4. If taking medication, are there any changes? Please list below

5. Are there any significant changes in your child's behavior?

6. What are some areas where you would like to see your child grow in this session?