



Please attach a Current picture of your child here

Application

(If returning to Spotlight complete page 6 only)

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

- | | | |
|---|--|--|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Behavioral Disorder | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Nonverbal Learning Disability |
| <input type="checkbox"/> Asperger's Syndrome | <input type="checkbox"/> Depression | <input type="checkbox"/> OCD |
| <input type="checkbox"/> Autism | <input type="checkbox"/> High Functioning Autism | <input type="checkbox"/> PDD/NOS |
| <input type="checkbox"/> Other (please specify) _____ | | |

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.

Individual Needs

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

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

Please list any sensory issues that your child may have:

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

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?