Dear Families,

Join us for Spotlight Summer 2017! Registration Deadline is June 16th.

Attached you will find a registration form for your child. Please return this form with initial payment, or signed alternate funding source form, to complete your child's enrollment.

Summer program dates are July 5th – August 11th, 2017
(There is one day off: Friday July 21st, 2017)

A deposit of at least $1,500.00 is due by June 16th; the balance is due by July 5th, 2017

Social Scenes (9-16yrs) Mon-Thu 9:00am to 3:00pm Friday 9:00am to 2:00pm	**$4,300.00**
Next Scenes (16-22yrs) Mon-Thu 9:00am to 3:00pm Friday 9:00am to 2:00pm	**$4,300.00**

Group placement depends on age, interest, and availability
There can be no splitting of weeks

Summer 2017 Registration Form

Student Name: ______________________________ Age: ____________

Parent/Guardian Name: ______________________________

Address: ______________________________

City: ______________ State: ____________ Zip: ____________

Phone: ______________ Email: ______________

Please Choose Funding Option and Fill Out Completely

Check

Check Number: _______________

Amount Enclosed: _____________

Please make checks payable to:
Northeast Arc – Spotlight

Credit Card

□Visa□MasterCard□Discover□American Express

Name on Card____________________________________

Card Number

____

Expiration Date ______/______

Billing Address __________________________

Amount to charge card: $_______________

Alternate Funding Source

□ Check here if an alternate source (i.e. school, agency, etc.) is fully or partially funding your child's participation. For your child's registration to be confirmed, a funding source representative must fill out the "Alternate Funding Source" page (attached) in its entirety.

"I understand that I am responsible for full payment as indicated above, irrespective of any absences. Failure to remit full payment by ***July 5th, 2017*** *will preclude my child's participation in the remainder of the program, but not my continuing obligation to pay tuition in full."*

(parent/guardian signature): ____ date: ____/____/____

Mail to: **The Spotlight Program, 6 Southside Road, Danvers, MA 01923**

Alternate Funding Source Agreement
Summer 2017

Groups begin July 5th, 2017

If an outside agency such as your school district or the Department of Mental Health is funding your child's participation please have them complete and submit this form to The Spotlight Program. A signed form is necessary for registration in the program to be confirmed.

Student's Name: ____

Funding Source: ____

Contact Person: ____

Address: ____

City, State, Zip: ____

Phone Number: ____

Funding Amount: ____

Funding Source Signature___________________________________ date: ____/____/____

"I understand that I am responsible for full payment as indicated above, irrespective of any absences."

Please submit this form to:
Christine Curtin
Spotlight Program
6 Southside Road
Danvers, MA01923
978-624-2335
ccurtin@ne-arc.org

Film and Photo 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:

- Movie to be featured at one time private viewing at Hollywood Hits
- Movie available for private password encrypted download
- Musical montage during Movie premiere/Website/public Spotlight YouTube
- Invitational video (Website/Public Spotlight YouTube)
- Closed Facebook group
- Spotlight 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

Please attach a current picture of your child here

Returning Participant Update Form

Applicant

Child'sName:_____________________________________Date of Birth:_____/_____/_____Gender:☐ M ☐F

School:____ Grade:_______Application Date:____/____/____

Family Contact Information

Primary Contact

Parent/Guardian: ______________________________

Relationship: ______________________________

Address: ______________________________

City, State, Zip: ______________________________

Home Phone: ______________________________

Cell Phone: ______________________________

Work Phone: ______________________________

Email: ______________________________

Preferred Contact: ☐Cell ☐Home ☐Email

Employer: ______________________________

Secondary Contact

Parent/Guardian: ______________________________

Relationship: ______________________________

Address: ______________________________

City, State, Zip: ______________________________

Home Phone: ______________________________

Cell Phone: ______________________________

Work Phone: ______________________________

Email: ______________________________

Preferred Contact: ☐Cell ☐Home ☐Email

Employer: ______________________________

Other Contact Information

In Case of Emergency (If different from contacts above)

Name:___________________________________ Home Phone:____

Cell Phone:_______________________________ Relationship toApplicant:_______________________________________

Medical Information

Medications

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.

XSignature of Parent or Guardian:____ Date: __________

Authorization for 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: ____________________________________

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.I 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: ____/_____/____