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SPOTLIGHT FALL 2017 REGISTRATION FORM
September 30th-November 18th, 2017

Information:

Student Name: _____ Age: _____
Parent/Guardian Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Please Choose Preferred Group:

- On Cue:** \$520.00 (10:30am to 12:30pm)
- Social Scenes:** \$520.00 (10:30am to 12:30pm)
- Next Stage:** \$750.00 (1:00pm to 4:00pm with an outing every other week)

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 the first day of group 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, c/o Chris Curtin, 6 Southside Road, Danvers, MA 01923



SPOTLIGHT FALL 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.

Group Prices

- On Cue (2 hour group) = \$520
- Social Scenes (2 hour group) = \$520
- Next Stage (3 hour group) = \$750 (with an outing every other week)

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, MA 01923
978-624-2335
ccurtin@ne-arc.org