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**SPOTLIGHT WINTER 2018 REGISTRATION FORM**  
**January 6<sup>th</sup>-February 24<sup>th</sup>, 2018**

Information:

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

Please Choose Preferred Group:

- Social Scenes:** \$520.00 (10:30am to 12:30pm)
- On Cue:** \$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 WINTER 2018

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

- Social Scenes Saturday (2 hour group) = \$520
- On Cue Saturday (2 hour group) = \$520
- Next Stage Saturday (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](mailto:ccurtin@ne-arc.org)