

**Winter Social Skills 2023 Hybrid Class Dates:**

Sessions will be held on Thursday evenings at 6 pm, starting February 2, and running through March 23 for Transitioning Youth students. Depending on COVID cases we may have an in-person activity at the end of the class session.

Transitioning Youth Aged: (middle and high schoolers) Thursdays at 6 pm

VRP will be limited to 10 participants per week, on a first come, first serve basis.

A very limited number of scholarships may be available through a grant from The Arc NCR or families may apply to DSS for their respite grant. Please contact FSS directly at [FSS@arcncr.org](mailto:FSS@arcncr.org) for specific information.

**Participant Cost:** \$100 for an 8-week program, meeting weekly.

**Online Payment:** <https://arcncr.org/socialskills>

**Check enclosed: Check #:** \_\_\_\_\_ **Amount:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If you are using LISS funding, you must provide a copy of your LISS approval letter.

If you need funding, please reach out to [FSS@arcncr.org](mailto:FSS@arcncr.org) for information on possible funding available through DSS.

For questions about the cost or activities please email [FSS@arcncr.org](mailto:FSS@arcncr.org)

\_\_\_\_\_  
*Parent/Guardian Signature*

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

\_\_\_\_\_  
*Parent/Guardian Printed Name*

Harford County Office  
4513 Philadelphia Road | Aberdeen, MD 21001  
P: 410-836-7177 | F: 410-893-3909  
[www.arcncr.org](http://www.arcncr.org)

## Winter Social Skills 2023 Hybrid Class Registration

SELECT SESSION REGISTRATION FOR:                      Elementary                      Middle/High

### General Information

TY Registration Form-Winter 2023

Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B \_\_\_\_\_ Gender \_\_\_\_\_

Primary Disability or Health Condition: \_\_\_\_\_

Functioning is impacted with: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Participant cell number: *(if applicable)* \_\_\_\_\_

Participant Email for ZOOM link: \_\_\_\_\_

### Parent/Guardian Information that is available during

Parent/Guardian Name: \_\_\_\_\_

Address: *(if different from above)* \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Parent /Guardian Name: \_\_\_\_\_

Address: *(if different from above)* \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Do you want to receive FSS Newsletter:    Yes \_\_\_\_\_    No \_\_\_\_\_

### All About Me

My Favorite things are:

Game: \_\_\_\_\_ Movie: \_\_\_\_\_

Color: \_\_\_\_\_ Song: \_\_\_\_\_

Season: \_\_\_\_\_ TV show: \_\_\_\_\_

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Northern Chesapeake Region  
Sport: \_\_\_\_\_

*Achieve with us.*

Place to go: \_\_\_\_\_

Holiday: \_\_\_\_\_ My favorite animal: \_\_\_\_\_

Favorite activities: \_\_\_\_\_ I enjoy talking about: \_\_\_\_\_

I know a lot about: \_\_\_\_\_

Things I don't like: \_\_\_\_\_

Things that bother me: \_\_\_\_\_

**Behavior:** Does the child have a current behavioral intervention plan at school or home? YES NO

Please list any triggers that you are aware of about your child (things that can spark a behavior challenges)  
EX: loud noises, police, large groups, someone crying etc.

Please explain: \_\_\_\_\_

**Social Needs:** Do you have concerns with your child's ability to socialize or build friendships? YES NO

Please explain: \_\_\_\_\_

**Communication:** Any concerns with child's ability to communicate verbally & be understood? YES NO

Please explain: \_\_\_\_\_

**Hearing:** Do you have any concerns with your child's ability to hear? YES NO

Please specify: \_\_\_\_\_

**Vision:** Do you have any concerns with your child's vision? YES NO

Please explain: \_\_\_\_\_

Information will be used to best accommodate and support each individual. Please add any additional information that will support your child having the best experience.

*I have read and reviewed the Hybrid Program (HP) Outline and Guidelines and agree to check all materials provided to ensure they are safe for my child, based on their ability.*

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

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**Consent to Interview & Permission to Release Information in Printed, Video and Photographic Form**

Name: \_\_\_\_\_

I give my permission for The Arc Northern Chesapeake Region to use information gathered during interviews, as well as my likeness in a photograph, video, sound recordings or other digital media (“photo”) in any and all of its publications, including web-based publications and social media, without payment or other consideration.

I understand and agree that all photos will become the property of The Arc Northern Chesapeake Region and will not be returned.

I hereby authorize The Arc Northern Chesapeake Region to edit, alter, copy, exhibit, publish, or distribute these photos for any lawful purpose. In addition, I waive any right to inspect or approve the finished product wherein my likeness appears. I understand that I will not be contacted each time this information is distributed as described above.

This agreement will last for the duration of the time I receive support services from The Arc NCR. I do understand that I have the right to revoke this privilege at any time. To revoke privileges for The Arc Northern Chesapeake Region, contact the Development Department at 410-836-7177 or via email at [development@arcncr.org](mailto:development@arcncr.org).

**I UNDERSTAND AND AGREE TO THE CONDITIONS OUTLINED IN THIS PHOTOGRAPH, VIDEO AND SOUND RECORDING RELEASE AND CONSENT FORM.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

(If applicable):