



*Achieve with us.®*

Spring-Summer 2023 Social Skills Respite Program for TY age participants:

**CLASS DATES: April 20th, May 18th, June 15th, and July 20th**

Sessions will be held every 3rd Thursday from 5:30 pm to 7:30 pm with Pizza and snacks included.

Pay per class or pay for selected dates by April 17th for a 20% discount. All participants must register by the Monday before each Game Night.

Social Group Game Nights will be limited to 10 participants per class, on a first come, first serve basis.

\*Class will be canceled if less than 3 participants are registered for any given date.

A very limited number of scholarships may be available through a grant from The Arc NCR, families may contact FSS@arcncr.org or call 443-412-5491 for more information

REGISTER FOR CLASSES BY APRIL 17TH TO GET THE DISCOUNTED CLASS FEE OF \$20 PER CLASS

Participant Cost: REGISTRATION DEADLINES FOR ALL OTHER CLASSES ARE BELOW WITH A FEE OF \$25 PER CLASS

**REGISTRATION DEADLINE DATES FOR EACH MONTH: 4/17, 5/15, 6/12, 7/17**

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. 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)

## Social Skills Game Night 2023 Class Registration

SELECT REGISTRATION DATES: FULL SESSION or choose date(s) 4/20, 5/18, 6/15, 7/20

### General Information

TY Registration Form-SPRING-SUMMER 2023

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

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

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

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

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

### 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 Social Skills Respite Program 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):