

## Respite Day Registration

### General Information

**Participant Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **D.O.B** \_\_\_\_\_

**Primary Disability/Health Condition:** \_\_\_\_\_

**Other Disabilities/Health Conditions:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Height:** \_\_\_\_\_

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

### Parent/Guardian Information

**Parent / Guardian Name #1:** \_\_\_\_\_

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

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

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

**Parent / Guardian Name #2:** \_\_\_\_\_

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

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

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

### In Case of Emergency

**Primary ICE Name:** \_\_\_\_\_ **ICE Relationship:** \_\_\_\_\_

**ICE Phone:** \_\_\_\_\_

**Secondary ICE Name:** \_\_\_\_\_ **ICE Relationship:** \_\_\_\_\_

**ICE Phone:** \_\_\_\_\_

**Questions for participant:**

My Name is \_\_\_\_\_. I am \_\_\_\_\_ years old.

My favorite activities: \_\_\_\_\_

My favorite thing to talk about: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

**Respite Logistics**

**Location:** Arc Northern Chesapeake (4513 Philadelphia Rd, Belcamp MD 21001)

**Time:** Drop off - 12:00 p.m.

Pick up – 4:00 p.m.

**Respite Dates:** (check the Day(s) planning to attend)

\_\_\_\_\_ **March 9<sup>th</sup> (snow date March 16<sup>th</sup>)**

\_\_\_\_\_ **April 13<sup>th</sup>**

\_\_\_\_\_ **May 11<sup>th</sup>**

**Cost: Free!**

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4513 Philadelphia Road | Aberdeen, MD 21001  
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About Your Participant

The following information will be used to help coordinate activities and transitions to best accommodate each participant. Please feel free to add an additional page if necessary.

Does the participant have a current behavioral intervention plan (BIP)? YES NO  
If yes, please provide a copy of the current BIP. We will use it as a guide while in Respite.

Please list any fears or triggers that could lead to a behavioral challenge, EX: dog barking, police officer, large group, sirens, someone crying, etc.:

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Will this participant need one-on-one **specifically trained** staff throughout the day? YES NO

Explain why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Safety**

Does this person wander? ☐ Yes ☐ No  
Might they try to leave the building? ☐ Yes ☐ No  
Would they pace within the building? ☐ Yes ☐ No  
Any other safety concerns we should be aware of? ☐ Yes ☐ No

If you checked "Yes" to any of the above questions, please provide more specifics:

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**Eating:** *Pizza and snacks will be served. Participant is welcome to bring their own lunch if they do not want/like pizza.*

Food allergies: YES NO  
If yes, please specify: \_\_\_\_\_

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Special Diet: YES NO  
If yes, please specify: \_\_\_\_\_

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Eating assistance required:  
If yes, please specify: \_\_\_\_\_

YES NO

Uses a feeding tube:  
If yes, please specify: \_\_\_\_\_

YES NO

**Mobility:**

Uses a wheelchair:  
If yes, please specify: \_\_\_\_\_

YES NO

Uses a walker:  
If yes, please specify: \_\_\_\_\_

YES NO

Restriction on walking or running:  
If yes, please specify: \_\_\_\_\_

YES NO

**Communication Abilities:**

Participant clearly communicates verbally and is easily understood: YES NO

If no, please specify: \_\_\_\_\_

Uses sign language:

YES NO

Uses a communication device & or other modes to communicate:

YES NO

If yes, please specify: \_\_\_\_\_

**Hearing Impaired:**

Participant has a hearing impairment:

YES NO

If yes: Uses a hearing aid(s)

YES NO

If yes, please specify: \_\_\_\_\_



Northern Chesapeake Region

**Vision:**

Participant has a visual impairment:

YES NO

If yes, please specify: \_\_\_\_\_

**Toileting and Changing:**

Participant is completely independent:

YES NO

If not, please answer the following questions.

Needs assistance in the bathroom:

YES NO

If yes, please specify: \_\_\_\_\_

Needs assistance changing:

YES NO

If yes, please specify: \_\_\_\_\_

Needs assistance washing hands:

YES NO

If yes, please specify: \_\_\_\_\_

Needs assistance with feminine products:

YES NO

If yes, please specify: \_\_\_\_\_

**Animal Related:**

Participant fears animals:

YES NO

If yes, please specify: \_\_\_\_\_

Participant is allergic to animals or odor:

YES NO

If yes, please specify: \_\_\_\_\_

Participant shows aggression towards animals:

YES NO

If yes, please specify: \_\_\_\_\_

Participant understands hygiene boundaries with animals: YES NO

If no, please specify: \_\_\_\_\_

**Medication:**

Participant takes medication daily:

YES NO

If yes, please specify: \_\_\_\_\_

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Participant will need medication while at Respite: YES NO

If yes, please specify: \_\_\_\_\_

**Seizure Information:**

Type of seizures: \_\_\_\_\_

Frequency: \_\_\_\_\_

Duration: \_\_\_\_\_ 911 if longer than: \_\_\_\_\_

Date of last seizure: \_\_\_\_\_

Observed behaviors prior: \_\_\_\_\_

Reaction after seizure: \_\_\_\_\_

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

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

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

**Enrollment Agreement:**

1. The participant and parent/guardian agree to abide by the rules and regulations set by The Arc NCR for the health, safety and welfare of all participants, staff, and volunteers.
2. The Arc NCR is not responsible for any personal belongings while at respite, or in transit whether by loss, theft, fire or any other means.
3. The Arc NCR reserves the right to deny, cancel, sever or suspend a participant's enrollment if deemed for the best interest of the participant/respite program.
4. In the event of injury or accident I request the necessary measures be instituted without delay as judgement of the medical personnel dictates.

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

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

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

**Health Information:**

Please provide information on any and all medical conditions, psychological conditions, behavior conditions, medication, dietary restrictions, allergies, or special needs that we need to be aware of to ensure your participant's experience is positive. (See and complete attached health form.)

**Acknowledgement, Liability, Assumption of Risk, Indemnification, and Release**

**Liability:**

Each participant of The Arc NCR respite day shall be personally liable for any personal injury caused by the participant, their family or guest. Any participant who causes personal injury or damages any apparatus, equipment, facilities or programs at The Arc shall promptly pay The Arc NCR for any property damage after your presentation of statement.

**Assumption of Risk:**

The use of any apparatus, equipment facilities, or services operated by The Arc NCR is undertaken by the participant, their family or guest at such person's own risk, and The Arc NCR should not be held liable for any injuries, death, or damage to any such person, to the property of such person, or be subject to any claims, demands, or damages resulting from such use. Nothing contained herein shall relieve The Arc NCR for gross negligence or willful misconduct.

**Indemnification:**

Each participant agrees to indemnify, hold The Arc NCR and its agents and employees, free and harmless from all connections with the use of apparatus, equipment, facilities, and services of The Arc NCR.

**Release:**

Each participant hereby releases The Arc NCR from all damages, suits, liability costs and expenses incurred in connection with the use of any equipment. Binding effect: the above provisions are binding upon the participant, the participant's personal representative, successors, or assigns. By signing below the participant or their guardian recognizes the possibility of physical injury while at The Arc NCR's programs and activities.

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

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

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

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**2024 Respite Registration**

I hereby release, and discharge The Arc NCR, their league, administrators, employees, instructors, agents, principles, sponsors, and all associated personnel against any claim by or on behalf of the participant named above.

My child has received a physical examination from a physician and has been found physically capable of participating in the program. Therefore, I give permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, etc. under the direction of The Arc NCR and or my child is representative, until such time as I may be contacted.

I also hereby assume responsibility for payment of any such treatment if I am not on the premises and an injury should occur that requires immediate medical attention. I give my permission to have my child transported by ambulance to the nearest hospital for medical care.

\_\_\_\_\_  
*Participant Name (printed)*

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

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

\_\_\_\_\_  
*Parent/Guardian Name (printed)*

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