



RECREATION REGISTRATION FORM

Winter Mittens

Tuesdays, January 9--- February 13
6:00pm-8:00pm

The Arc, Ocean County Chapter- BRICK ADULT TRAINING CENTER



- Events are priced individually.
- Price Includes materials, supervision, and refreshments.
- NO PAYMENTS ACCEPTED AT THE DOOR- participants must be registered and paid prior to event.
- Mail completed Registration Form with payment and required documentation to:
 - The Arc, Ocean County Chapter ATTN: Sally Stoneham, 815 Cedar Bridge Avenue, Lakewood, NJ 08701
- Please contact Robin Collins X117 for questions regarding Recreation Programs.

<input checked="" type="checkbox"/>	DATE	EVENT	COST
	January 9th	BINGO	\$5
	January 16 th	Arcade Night (back by popular demand)	\$15
	January 23	Frozen Night! Activities and Snacks based on movie-(plus see movie) 8:30 pick up tonight	\$15
	January 30	Coffee House-Music and light snacks	\$15
	February 6	BINGO	\$5
	February 13	Valentine Party - Subs, Crafts, Music, Fun	\$15

Total Amount Enclosed: \$ _____

Participant Name: _____ DOB: _____ Medicaid #: _____

Participant Address /Group Home: _____ Agency Name: _____

Guardian/Direct Care Provider Name: _____ Email: _____

DDD ID #/MIS: _____

Emergency Contact to be reached during the scheduled program or activity:

Name: _____ Phone: _____

MEDICATION ADMINISTRATION POLICY - please complete both sides of this form-

In order for The Arc, Ocean County Chapter Staff to administer medication to participants during program and events, the following criteria must be met for *each medication*:

- Current prescription for each medication to be administered.
- Medication must be in pharmacy labeled packaging, blister pack, bottle box, etc. Loose medication will not be accepted by The Arc, Ocean County Chapter Staff.
- All medication must be directly delivered to The Arc, Ocean County Chapter Staff by guardian, family member, sponsor, or direct support provider.
- Medications to be administered during programs, events, outings must be listed on the back of this form.

MEDICATION TO BE ADMINISTERED DURING PROGRAM, EVENTS, OUTINGS

Participant Name: _____

MEDICATION NAME	DOSAGE	TIME	INSTRUCTIONS

Allergies: _____ Special

Diet: _____