

RECREATION REGISTRATION FORM
May - June 2019



Registration Instructions:

- All participants must register with the Family Support Services Dept. before attending any activity.
- Participants utilizing their Individual Service Plan budget must contact their support coordinator to have the units built into their plans and have an approved ISP and service authorization **PRIOR** to attending our Recreation programs.

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 or Helen Centrella X187 for questions regarding Recreation programs.**

✓	REOCCURRING EVENTS	DATES: Circle dates attending	COST:			
			Circle Method of Payment Note: support program units also require cost of ticket to be paid Cost applies to EACH date attending			
			SUPPORT PROGRAM UNITS	COST OF TICKET WITH SUPPORT PROGRAM UNITS	SELF-PAY COST (each date)	Total:
	Softball @ Lake Shenandoah County Park 5:30 – 7:00pm	5/2, 5/9, 5/23, 5/30, 6/6, 6/13, 6/20	N/A	N/A	\$90.00 (for all 7 weeks)	
	Tuesday Night Socials @393 Mantoloking Rd. 6:30-8:30pm	5/28 & 6/11	N/A	N/A	\$20.00	
	Movie Nights @ AMC TIME TBA	5/31 & 6/14	10 CI	\$12.00	\$36.00	
	Cooking Club @ Southern Regional HS 6:00-8:15pm	5/1, 5/8, 5/15	9 Respite		\$40.00	
	Lakewood Blueclaws Game	5/26: 12:30 – 4:30pm 6/22 & 6/28: 6:30 – 10:30pm	12 CI & 5 miles	\$20.00	\$60.00	
	Brick Dance 6:30 – 8:30pm	5/3 & 6/7	N/A	N/A	\$20.00	
	Saturday Recreation Circle One: North South West	5/4, 5/11, 5/18, 6/1, 6/8, 6/15, 6/22, 6/29	8 CI & 12 RESPITE & 40 MILES		\$84.00	
	BOWLING: North- Ocean Rollers 3:00-5:30pm South- Southern Ocean Stars 4:00-6:00pm	Ocean Rollers: 5/6, 5/13, 5/20 6/3 banquet Southern Ocean Stars: 5/6, 5/13, 5/20, 6/3, 6/10 6/17 party	Ocean Rollers: \$50.00 yearly registration fee \$3.00 per game Southern Ocean Stars \$30.00 yearly registration fee \$7.50 for 2 games			
	Camelot @ Algonquin	5/12: 2:15 - 6:00pm 5/18: 7:15 - 11:00pm	12 CI & 20 miles	\$25.00	\$70.00	
	Young Frankenstein @ Count Basie	5/5: 2:00 - 6:15pm 5/12: 2:00 - 6:15pm	10 CI & 60 miles	\$25.00	\$100.00	
	Newsies @ Count Basie	6/23: 2:00 - 6:15pm 6/30: 2:00 - 6:15pm	10 CI & 60 miles	\$25.00	\$100.00	
	Albert Music Hall Concert	5/11 & 6/29 7:00 – 11:00pm	12 CI & 60 miles	\$10.00	\$80.00	
✓	ONE TIME EVENTS	DATES	COST – Circle Method of Payment			
			Support Program	Cost of Ticket	Self-Pay	
	Barnegat Dance	5/10 7:00 – 9:00pm	N/A	N/A	\$20.00	
	iPlay America	5/17 5:15 – 10:00pm	12 CI & 50 miles	\$35.00	\$90.00	
	Yankee's Game	5/19 10:30am – 6:00pm (time tentative)	16 CI & 160 miles	\$60.00	\$225.00	
	Broadway Music Concert @ Barnegat Community Center	6/1 7:15 – 10:30pm	8 CI & 60 miles		\$70.00	
	Adventure Aquarium	6/2 9:00 – 3:30pm	12 CI & 130 miles	\$40.00	\$170.00	
	Concert @ Island Heights	6/21 7:15 – 10:30pm	9 CI & 30 miles		\$48.00	
	Concert in the Park @ Veterans Park Bayville	6/26 5:15 – 9:30pm	12 CI & 40 miles	\$10.00	\$60.00	
	Summer Picnic Party @ Berkeley Island	6/28 5:00 – 9:00pm	12 CI & 45 miles	\$10.00	\$70.00	
	SOUTHERN EVENT: Phillies Game	6/9 10:30am – 6:00pm (time tentative)	16 CI & 110 miles	\$60.00	\$190.00	

Participant Name: _____ Total Amount Enclosed: \$ _____

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MEDICATION ADMINISTRATION POLICY

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 below.
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MEDICATION TO BE ADMINISTERED DURING PROGRAM, EVENTS, OUTINGS- PLEASE COMPLETE

MEDICATION NAME	DOSAGE	TIME	INSTRUCTIONS

Allergies: _____

Special Diet: _____

Other Special Needs: _____

Participant Name: _____ DOB: _____ Medicaid #: _____

Participant Street Address: _____ City: _____ Zip Code: _____

Guardian/Direct Support Provider Name: _____ Email: _____

Guardian Phone Number: _____

DDD ID #/MIS: _____ Support Coordinator Name: _____

Support Coordination Agency: _____ SC Phone #: _____

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

Name: _____ Phone: _____

Name: _____ Phone: _____