

Real Autism Difference

Respite Care REGISTRATION FORM - School Year 2018-2019

To enroll, registration form along with proof of payment MUST be submitted to Real Autism Difference prior to attendance.

School Site:		Grade:		Date of Birth:	
Participant First & Last Name:		Age:		Sex:	
Address:	Apt.#	City:		Zip:	Phone:
Note: ONLY one registration form is permitted for each child. (In joint custody situations BOTH GUARDIANS MUST BE LISTED)					
PARENT/GUARDIAN #1		Relationship to participant:		Cell Phone:	
Street Address (If different from participant)			Alternate Phone:		
Employer Name:		Employer Phone:		E-mail Address:	
PARENT/GUARDIAN #2		Relationship to participant:		Cell Phone:	
Street Address (If different from participant)			Alternate Phone:		
Employer Name:		Employer Phone:		E-mail Address:	
EMERGENCY CONTACT / AUTHORIZED TO PICK UP PARTICIPANT (Someone other than parent/guardian):					
Name:					
Relationship:		Phone #1:		Phone #2:	
Name:					
Relationship:		Phone #1:		Phone #2:	
MEDICATION:		NO		YES (If yes, please list in the space below)	
ANY ALLERGIES/HEALTH ISSUES:					
<input type="checkbox"/> <input type="checkbox"/> Registration Form Updates: I understand that the only person(s) authorized to make changes to this form are the Parent/Guardian(s) who have signed below.					
<input type="checkbox"/> <input type="checkbox"/> Fees: I understand that RAD's Respite Care is a PRE-PAY program for grades Pre-K through 12 at Clark County zoned schools. I understand I must pre-register my child(s) in order for them to attend the program. Walk-ins will not be accepted. No refunds are permitted for cancellations. <i>Payment for specific date sessions MUST be made prior to participation in the program and are not interchangeable.</i>					
<input type="checkbox"/> <input type="checkbox"/> Late Pick-Up Fee: I understand that a \$5 late fee will be assessed for every ten (10) minute increment beginning @ 6:31pm until the participant(s) is picked up. For example: 6:31pm = \$5, 6:41pm = \$10, 6:51pm = \$15, etc. Late fee payments must be paid within 2 business days after the incident.					
<input type="checkbox"/> <input type="checkbox"/> The Right to Refuse: I understand <i>Real Autism Difference, The Learning Bridge, and John R. Beatty</i> have the right to refuse/deny service to any client deemed a threat to themselves, the staff, or as a result of destruction of property.					
<input type="checkbox"/> <input type="checkbox"/> Orientation: I understand I must attend a mandatory orientation before my child(s) can be accepted into the program.					
<input type="checkbox"/> <input type="checkbox"/> Food: I understand that food/meals are not provided in the program and all foods provided by the parent must be nut free.					
<input type="checkbox"/> <input type="checkbox"/> Sign-In/Out: I understand that each child must be signed in and/or out daily. The only person(s) authorized to pick up the participant are those individuals listed on this form, and a photo ID must be shown. EXCEPTION: State law prohibits staff from withholding a child from an individual who provides tangible proof he/she is the biological parent or legal guardian, unless court ordered paperwork has been provided.					
<input type="checkbox"/> <input type="checkbox"/> Custody Issues: I understand that if custodial issues are in dispute, causing any uncertainty or disruption to our staff or program, the Department expects them to be resolved immediately. If the issue is not resolved immediately, your child may not be able to continue to participate in Respite Care.					
I, _____, acting on behalf of myself or my minor child do expressly and forever waive and release Real Autism Difference, The Learning Bridge and John R. Beatty and all their respective officers, employees, agents, or representatives from any and all liability for personal injuries or damages sustained, incurred, or arising from participation in any activity. PHOTO/VIDEO RELEASE: By registering for any Real Autism Difference program, I agree to allow publication of photos or video taken of my child/children or myself at any program, event or facility associated with Real Autism Difference.					
Signature of Parent/Guardian #1		Signature of Parent/Guardian #2		Date	Date

RELEASE OF LIABILITY

READ CAREFULLY -THIS AFFECTS YOUR LEGAL RIGHTS

In exchange for participation in the activity of Respite Care organized by Making a Real Autism Difference, of 10624 S Eastern Ave #A-425, Henderson, Nevada, 89052 and/or use of the property, facilities and services of Making a Real Autism Difference, I agree for myself and (if applicable) for the members of my family, to the following:

1. AGREEMENT TO FOLLOW DIRECTIONS. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Making a Real Autism Difference, or the employees, representatives or agents of Making a Real Autism Difference.
2. ASSUMPTION OF THE RISKS AND RELEASE. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge Making a Real Autism Difference for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of Making a Real Autism Difference, whether caused by the fault of myself, my family, Making a Real Autism Difference or other third parties.
3. INDEMNIFICATION. I agree to indemnify and defend Making a Real Autism Difference against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of Making a Real Autism Difference.
4. FEES. I agree to pay for all damages to the facilities of Making a Real Autism Difference caused by any negligent, reckless, or willful actions by me or my family.
5. CONSENT. I, _____ of _____, _____, _____, consent to the participation of my _____, _____, in the activity of Respite Care, and agree on behalf of the above minor to all of the terms and conditions of this Agreement. By signing this Release of Liability, I represent that I have legal authority over and custody of _____.
6. MEDICAL AUTHORIZATION. In the event of an injury to the above minor during the above described activities, I give my permission to Making a Real Autism Difference or to the employees,

representatives or agents of Making a Real Autism Difference to arrange for all necessary medical treatment for _____ which I shall be financially responsible. This temporary authority will begin on _____ and will remain in effect until terminated in writing by the undersigned or when the above described activities are completed. Making a Real Autism Difference shall have the following powers:

a. The power to seek appropriate medical treatment or attention on behalf of my child as may be required by the circumstances, including without limitation, that of a licensed medical physician and/or a hospital; The power to seek appropriate medical treatment or attention on behalf of my child as may be required by the circumstances, including without limitation, that of a licensed medical physician and/or a hospital;

b. The power to authorize medical treatment or medical procedures in an emergency situation; and

c. The power to make appropriate decisions regarding clothing, bodily nourishment and shelter.

7. APPLICABLE LAW. Any legal or equitable claim that may arise from participation in the above shall be resolved under Nevada law.

8. NO DURESS. I agree and acknowledge that I am under no pressure or duress to sign this Agreement and that I have been given a reasonable opportunity to review it before signing. I further agree and acknowledge that I am free to have my own legal counsel review this Agreement if I so desire. I further agree and acknowledge that Making a Real Autism Difference has offered to refund any fees I have paid to use its facilities if I choose not to sign this Agreement.

9. ARM'S LENGTH AGREEMENT. This Agreement and each of its terms are the product of an arm's length negotiation between the Parties. In the event any ambiguity is found to exist in the interpretation of this Agreement, or any of its provisions, the Parties, and each of them, explicitly reject the application of any legal or equitable rule of interpretation which would lead to a construction either "for" or "against" a particular party based upon their status as the drafter of a specific term, language, or provision giving rise to such ambiguity.

10. ENFORCEABILITY. The invalidity or unenforceability of any provision of this Agreement, whether standing alone or as applied to a particular occurrence or circumstance, shall not affect the validity or enforceability of any other provision of this Agreement or of any other applications of

such provision, as the case may be, and such invalid or unenforceable provision shall be deemed not to be a part of this Agreement.

11. DISPUTE RESOLUTION. The parties will attempt to resolve any dispute arising out of or relating to this Agreement through friendly negotiations amongst the parties. If the matter is not resolved by negotiation, the parties will resolve the dispute using the below Alternative Dispute Resolution (ADR) procedure.

Any controversies or disputes arising out of or relating to this Agreement will be resolved by binding arbitration under the rules of the American Arbitration Association. The arbitrator's award will be final, and any judgment may be entered upon it by any court having proper jurisdiction.

12. EMERGENCY CONTACT. In case of an emergency, please call _____
(Relationship: _____) at _____ (Day), or _____
(Evening).

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER
UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY
SURRENDER CERTAIN LEGAL RIGHTS. SURRENDER CERTAIN LEGAL RIGHTS.

Dated: _____

Signature: _____



Intake Form

Date: _____

Participant's name:

By what name does the participant prefer to be called:

Participant's birthday:

Preferred age group/grade for instruction: _____

Is this class/camp/recreational activity/activity a new experience? YES NO

What are his/her special interests?

What are his/her special gifts?

What methods of communication does the person use?

What is the primary goal/objective for the participant in the class/camp/recreational activity/activity (learning the curriculum, safety, overcoming fear, socialization, overall health, etc.)?

What is helpful for holding his/her attention?

What are signs of enjoyment (flapping, screeching, jumping up and down, etc.)?

How would you describe his/her social relationships?

What are the triggers for outbursts or melt downs (i.e. loud noises, being touched, transition without warning, etc.)?

What are the signs of anxiety or that a meltdown is coming (rocking, covering ears, flapping, vocalizations, etc.)?

What calms the person down (removal of stimulus, hugging, giving of "security" object, counting, removal from environment, etc.)?

Are you willing to share a copy of his/her IEP or Behavior Intervention Plan? YES NO

Does the person need constant one-on-one assistance? YES NO

If yes, could the aide or parent eventually be phased out? YES NO

What other behaviors do we need to know about (eloping, self injurious, aggression, attacking, hitting, biting, etc.)?

Parent(s)/Guardian(s) name:

Phone:

Email:
