

Name of Participant: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Municipality you pay taxes to: \_\_\_\_\_ E-Mail address: \_\_\_\_\_  
 Participants Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_/\_\_/\_\_\_\_ Primary Diagnosis: \_\_\_\_\_  
 Last 4 Digits of Participant's Social Security #: \*\*\*-\*\*-\_\_\_\_ Group Home Residence: \_\_\_\_\_

We require every participant to have a medical form on file which is valid for 3 years. We ask if your participant has any significant changes in his/her life such as behavioral issues, medication changes or physical limitations please make us aware so we can provide the appropriate support. Please indicate in writing below (N/C) if there is no change.

**PLEASE WRITE FEE NEXT TO THE PROGRAMS YOU ARE ENROLLING IN DURING THE FALL 2011**

<b>GLEE CLUB – GLEE 411</b> FEE: \$87.00 _____ <input type="checkbox"/> JP <input type="checkbox"/> DP	<b>DINERS CLUB – DINE 411</b> FEE: \$256.00 _____ TRANS. FEE: \$99.00 _____ <input type="checkbox"/> JP <input type="checkbox"/> DP	<b>RENAISSANCE FAIRE – RENA 411</b> FEE: \$75.00 _____ <input type="checkbox"/> JP <input type="checkbox"/> DP
<b>ADULT SWIM – AQUA 411</b> FEE: \$90.00 _____ <input type="checkbox"/> JP <input type="checkbox"/> DP	<b>NIGHT ON THE TOWN – NITE 411</b> FEE: \$171.00 _____ <input type="checkbox"/> JP <input type="checkbox"/> DP	<b>WITCHES BALL – HALL 411</b> FEE: \$25.00 _____ <input type="checkbox"/> JP <input type="checkbox"/> DP
<b>T/A PARTNERS IN SPORTS – OLYM 411</b> FEE: \$102.00 _____ <input type="checkbox"/> JP <input type="checkbox"/> DP	<b>FRI TRAVEL CLUB – CLUB 411</b> FEE: \$275.00 _____ TRANS. FEE: \$99.00 _____ <input type="checkbox"/> JP <input type="checkbox"/> DP	<b>A DAY ON BROADWAY – BDWY 411</b> FEE: \$120.00 _____ <input type="checkbox"/> JP <input type="checkbox"/> DP
<b>SEC DANCE COMPANY – DANCE 411</b> FEE: \$69.00 _____ <input type="checkbox"/> JP <input type="checkbox"/> DP	<b>LUNCH &amp; MOVIE – MOVIE 411</b> FEE: \$132.00 _____ <input type="checkbox"/> JP <input type="checkbox"/> DP	<b>AWESOME 80'S PARTY – AWES 411</b> FEE: \$25.00 _____ <input type="checkbox"/> JP <input type="checkbox"/> DP
<b>DANIELLE RINALDI ARTS – ARTS 411</b> FEE: \$114.00 _____ <input type="checkbox"/> JP <input type="checkbox"/> DP	<b>MAGICAL MYSTERY TOUR – TOUR 411</b> FEE: \$204.00 _____ <input type="checkbox"/> JP <input type="checkbox"/> DP	<b>NYCB NUTCRACKER – NYCB 411</b> FEE: \$130.00 _____ <input type="checkbox"/> JP <input type="checkbox"/> DP
<b>BOWLING – BOWL 411</b> FEE: \$187.00 _____ <input type="checkbox"/> JP <input type="checkbox"/> DP	<b>DINING OUT – DOUT 411</b> FEE: \$112.00 _____ <input type="checkbox"/> JP <input type="checkbox"/> DP	<b>WINTER WONDERLAND – WINT 411</b> FEE: FREE _____ <input type="checkbox"/> JP <input type="checkbox"/> DP
<b>PLAY PRODUCTION – PLAY 411</b> FEE: \$134.00 _____ <input type="checkbox"/> JP <input type="checkbox"/> DP		

FALL \$ \_\_\_\_\_ Less Cr \$ \_\_\_\_\_ Plus: Prev Bal.\$ \_\_\_\_\_ Total: \_\_\_\_\_

**FALL Total Payment Due** \_\_\_\_\_

**PAYMENT MUST BE MADE IN FULL AT THE TIME OF REGISTRATION.  
PAYMENT PLANS CAN BE ARRANGED BY CONTACTING SEC AT 914-698-5232 EXT. 106.**

**FOR OFFICE USE ONLY**

Date Reg. Rec'd \_\_\_\_\_ Ck Date \_\_\_\_\_ Ck# \_\_\_\_\_ Amt \$ \_\_\_\_\_ Ck Date \_\_\_\_\_ Ck# \_\_\_\_\_ Amt \$ \_\_\_\_\_  
 Reg. Entered \_\_\_\_\_ Med. Date \_\_\_\_\_ Scholarship Amt \$ \_\_\_\_\_ Payment Plan \_\_\_\_\_  
 Payment made by: \_\_\_\_\_ Amount Applied \$ \_\_\_\_\_ Payment made by: \_\_\_\_\_ Amount Applied \$ \_\_\_\_\_

Date	A/D	Program Name	Code	Prog Fee	Trans Fee	Reason	w/r/c	10% fee	Amount	Prog Min	Init	Init