

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 WINTER 2012

GLEE CLUB – GLEE 112 FEE: \$73.00 _____ <input type="checkbox"/> JP <input type="checkbox"/> DP	DINERS CLUB – DINE 112 FEE: \$294.00 _____ TRANS. FEE: \$108.00 _____ <input type="checkbox"/> JP <input type="checkbox"/> DP	SEC SOCK HOP – HOP 112 FEE: \$25.00 _____ <input type="checkbox"/> JP <input type="checkbox"/> DP
ADULT SWIM – AQUA 112 FEE: \$108.00 _____ <input type="checkbox"/> JP <input type="checkbox"/> DP	NIGHT ON THE TOWN – NITE 112 FEE: \$186.00 _____ <input type="checkbox"/> JP <input type="checkbox"/> DP	NY RANGERS GAME – RANG 112 FEE: \$102.00 _____ <input type="checkbox"/> JP <input type="checkbox"/> DP
T/A PARTNERS IN SPORTS – OLYM 112 FEE: \$102.00 _____ <input type="checkbox"/> JP <input type="checkbox"/> DP	FRI TRAVEL CLUB – CLUB 112 FEE: \$300.00 _____ TRANS. FEE: \$108.00 _____ <input type="checkbox"/> JP <input type="checkbox"/> DP	SWEETHEART DANCE – SWEET 112 FEE: \$25.00 _____ <input type="checkbox"/> JP <input type="checkbox"/> DP
SEC DANCE COMPANY – DANCE 112 FEE: \$69.00 _____ <input type="checkbox"/> JP <input type="checkbox"/> DP	LUNCH & MOVIE – MOVIE 112 FEE: \$132.00 _____ <input type="checkbox"/> JP <input type="checkbox"/> DP	ST. PATRICK'S DAY DANCE –STPAT 112 FEE: \$25.00 _____ <input type="checkbox"/> JP <input type="checkbox"/> DP
DANIELLE RINALDI ARTS – ARTS 112 FEE: \$114.00 _____ <input type="checkbox"/> JP <input type="checkbox"/> DP	MAGICAL MYSTERY TOUR – TOUR 112 FEE: \$136.00 _____ <input type="checkbox"/> JP <input type="checkbox"/> DP	
BOWLING – BOWL 112 FEE: \$204.00 _____ <input type="checkbox"/> JP <input type="checkbox"/> DP	DINING OUT – DOUT 112 FEE: \$112.00 _____ <input type="checkbox"/> JP <input type="checkbox"/> DP	
PLAY PRODUCTION – PLAY 112 FEE: \$146.00 _____ <input type="checkbox"/> JP <input type="checkbox"/> DP		

WINTER \$ _____ Less Cr \$ _____ Plus: Prev Bal.\$ _____ Total: _____

WINTER 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