

**South East Consortium for Special Services, Inc. 740 W. Boston Post Road, Suite 301
Mamaroneck, New York 10543, Tel. (914) 698 - 5232**

ADMISSIONS APPLICATION

SEC WILL NOT BE RESPONSIBLE IF THE FORM IS NOT COMPLETED FULLY AND ACCURATELY

This form is valid for three years

Please fill out completely to ensure the safety of participant and to provide SEC staff with sufficient information on participants.

Name: _____ Sex: M F Date of Birth: ____/____/____
First Middle Last
Social Security No.: _____

Parent/Guardian Name: _____ Home Telephone: _____

Address: _____ Cell Telephone: _____
Street City Zip

Participant's Address (if different): _____ E-Mail Address: _____ @ _____

EMERGENCY INFORMATION

Parent/Guardian contacts in case of emergency: (Mark with an X in box below, 1st person to contact)

Father's Employer: _____ Business No.: (____) _____

Mother's Employer: _____ Business No.: (____) _____

Person to contact if Parent/Guardian is not available: _____ Telephone No.: _____

Relationship to Participant: _____

PARENT'S/GUARDIAN'S RELEASE STATEMENT

I am the parent/guardian of _____, on whose behalf I have submitted the yearly admission application for his/her participation in SEC programs. I represent and warrant that, to the best of my knowledge and belief that _____ is physically and mentally able to participate in SEC activities.

SEC has my permission, (both during and anytime after), to use my likeness, name, voice or words in either television, radio, film, newspapers, magazines, and other media, and in any form, for the purpose of advertising or communicating the purpose and activities of SEC and/or applying for funds to support these programs and activities.

If, during my son/daughter's participation in SEC activities, he/she should need emergency medical treatment, I authorize SEC to take whatever measures are necessary to protect my child's health and well-being, including, if necessary, hospitalization.

I hereby release and discharge South East Consortium, its officers, directors, employees, and supervisors from any and all claims for damages, personal injury and liabilities in connection with events occurring while the participant is under the supervision of SEC.

Do you carry health/medical insurance for your son/daughter? Yes No I will be responsible for payment of all medical services rendered. Name of Insurance Company: _____ Policy No.: _____

Signed: _____ Date: _____

Parent/Guardian/Participant if 18 years or older. Must be signed to participate

RELEASE OF TEST SCORE INFORMATION REQUIRED BY HVDDSO

In order to comply for essential funding provided by the Hudson Valley Developmental Disabilities Services Office and to ensure your child's/family member's eligibility for this funding, we are required to provide individual IQ scores, Vineland Adaptive Behavior Scale Scores or other recognized assessment instruments. Your cooperation and permission in releasing this information is appreciated.

DELIVERY OF PARTICIPANT

South East Consortium may release my son/daughter only to the persons named below:

1. _____ Relation _____

2. _____ Relation _____

I give permission for my travel trained son/daughter to arrive and to depart programs on their own. I Consent I Do Not Consent

Signed: _____ Date: _____

Parent/Guardian/Participant if 18 years or older. Must be signed to participate

