

# FAR Yearly Enrollment Form

Client's Name \_\_\_\_\_  Male  Female

Date of Birth \_\_\_\_\_ Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Father's Employer \_\_\_\_\_ Mother's Employer \_\_\_\_\_

Address of Non-Custodial Parent \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School/Special Education/Work Program or Group Home \_\_\_\_\_

Name/Title of others who assist the client/family \_\_\_\_\_ Agency \_\_\_\_\_ Phone \_\_\_\_\_

Referred by a community mental health agency Agency name \_\_\_\_\_

If you are new to FAR, what programs are you interested in?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Music Therapy            | <input type="checkbox"/> Art Therapy    | <input type="checkbox"/> Recreation Therapy |
| <input type="checkbox"/> Adaptive Music Lessons   | <input type="checkbox"/> Skating/Hockey | <input type="checkbox"/> Dance              |
| <input type="checkbox"/> Recreation/Social Groups | <input type="checkbox"/> Other _____    |   |

## Client's Health & Development Status: (Check all that apply)

Primary Diagnosis \_\_\_\_\_

Secondary Diagnosis \_\_\_\_\_

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Developmental delay | <input type="checkbox"/> Communication      | <input type="checkbox"/> Medical Restrictions   |
| <input type="checkbox"/> Physical            | <input type="checkbox"/> Vision & hearing   | <input type="checkbox"/> Cognitive              |
| <input type="checkbox"/> Behavior Issues     | <input type="checkbox"/> Adaptive/Self-help | <input type="checkbox"/> Wheelchair/Walker user |
| <input type="checkbox"/> Seizures            | <input type="checkbox"/> Allergies          | <input type="checkbox"/> Medications            |
| <input type="checkbox"/> Other _____         |   |   |

If you checked any of the above, please explain \_\_\_\_\_

\_\_\_\_\_

**IT IS THE POLICY OF FAR Conservatory of Therapeutic & Performing Arts that all forms must be signed and returned to the FAR office prior to the first session!**

Over, please 

## Emergency/Medical Info

\_\_\_\_\_  
Emergency contact person

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Mom's cell phone

\_\_\_\_\_  
Dad's cell phone

\_\_\_\_\_  
Doctor's name

\_\_\_\_\_  
Doctor's Phone

\_\_\_\_\_  
Medical Insurance Information

\_\_\_\_\_  
Policy #

As the Parent/Guardian of \_\_\_\_\_, I agree to the following:

- That I hereby release FAR Conservatory of Therapeutic & Performing Arts, its employees, agents & co-sponsors from any and all claims of liability which might arise in connection with its programs and public performances.
- That in the event of an emergency, the staff of FAR Conservatory of Therapeutic & Performing Arts are authorized to take whatever action is deemed necessary.
- That photo, video, film, interviews and artwork of the client may be used for information or publicity relating to FAR Conservatory of Therapeutic & Performing Arts in print, on the FAR website or any social media.
- That the above client may participate in public performances with FAR Conservatory of Therapeutic & Performing Arts.
- That FAR Conservatory of Therapeutic & Performing Arts may contact the above client's teacher, school and/or therapist for information.
- **A PARENT IS TO REMAIN AT THE SITE AT WHICH THEIR CHILD IS BEING SERVED. A RESPONSIBLE ADULT MAY BE SUBSTITUTED IF THERE IS A WRITTEN AUTHORIZATION ON FILE WITH THE OFFICE.**

\_\_\_\_\_  
Signature of Participant or Parent/Guardian (if under 18 years old)

\_\_\_\_\_  
Date

### OPTIONAL INFORMATION FOR THE UNITED WAY

This information will help FAR continue to receive our United Way funding.

County you reside in: \_\_\_\_\_

**Household Income:**  Under \$10,000    \$10,000--\$19,999    \$20,000--\$49,000    \$50,000 and over

**Ethnic Origin:**  Caucasian    African American    Hispanic/Latino    Asian  
 Arabic/Chaldean    Native American

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### FAR NEEDS YOU!!

Do you have skills that you could volunteer? We have opportunities for short- and long-term involvement.

\_\_\_\_\_  
My experience, interests, talents, (work, hobbies)

I would like to support the mission of FAR Conservatory with my gift of: \$ \_\_\_\_\_

In Memory of    In Honor Of

\_\_\_\_\_  
Name

\_\_\_\_\_  
To whom should acknowledgement be sent?

**FAR Conservatory of Therapeutic & Performing Arts**

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Email: info@farconservatory.org