

NISRA REGISTRATION FORM–2019

Both sides of this form must be completed, signed and returned, WITH FULL PAYMENT, to the NISRA Office before registration will be processed and the participant will be allowed to attend any program. Refer to registration information on Page 48.

Registrations received after the final deadline will be reviewed after the program session begins.

Are you a **new** participant? Yes No If yes, how did you hear about NISRA? _____
 We will contact you soon to help you with more information to get started in your first NISRA program.

Registering from brochure: from child's school/ adult's group home mailed to me picked up at: _____
(please specify location)

Participant's Information

Last Name _____ First Name _____
 Address _____ City _____ Zip _____
 Birthdate _____ Age _____ Gender: Female Male
 School _____ School District _____ Teacher _____
 Employer/Service Provider _____ Caseworker _____ Phone () _____
 Primary Disability _____ Secondary Disability _____
 Down syndrome? Yes No If yes, checked for Atlanto-Axial Subluxation Condition? _____ Date Condition cleared? _____
 Seizures? Yes No If new & no Seizure Questionnaire on file w/NISRA, please complete form in this brochure & return w/registration.

Contact Information (Family/Guardian/Group Home)

If the participant is an adult, does he or she have his or her own legal guardian status? Yes No

Primary Contact Information – person who should be contacted FIRST

Last Name _____ First Name _____ Relationship _____
 Email address (please print) _____
 • Primary Phone () _____ **# called FIRST with program changes, automated messages, and for staff to have at the program**
 • Alternate Phone () _____
 • Work Phone () _____

Alternate Contact Information (Fill out ONLY if it is appropriate for this person to be contacted, if the Primary Contact cannot be reached)

Last Name _____ First Name _____ Relationship _____
 Email address (please print) _____
 • Primary Phone () _____
 • Alternate Phone () _____
 • Work Phone () _____

Group Home Name _____ **Group Home Contact Name** _____ Phone () _____
(Name and Relationship)
 Email address _____

Emergency Contact—Please give the name of a **relative or friend** who can respond in case of emergency when you cannot be reached.

Last Name _____ First Name _____ Relationship _____
 Home Phone () _____ Cell Phone () _____ Work Phone () _____

Alternate Emergency Contact

Last Name _____ First Name _____ Relationship _____
 Home Phone () _____ Cell Phone () _____ Work Phone () _____

Please turn this page to complete the program registration and sign the waiver.

If you updated your Annual Information Form in Summer or Fall 2018, you're up to date!
If you haven't completed the form, please contact us or you may download it at www.nisra.org

For Office Use Only	Date rec'd. _____ By _____ In computer <input type="checkbox"/> Wait List <input type="checkbox"/>	Other agency pay <input type="checkbox"/> Scholarship <input type="checkbox"/>	Check # _____ Cash _____ Charge _____	Total Due _____ +/-Credit/Balance Due _____ Grand Total= _____ Amount Paid _____
R / NR				

