

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 sold or reproduced or 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

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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
1669 West Maple Rd., Birmingham, MI 48009
Phone 248/646-3347 Fax 248/646-4480
Email: info@farconservatory.org