

PROGRAMS MANUAL

**Day Program/Summer Day Program
Social Program**



Achieve with us.®

WELCOME

The Arc of Katy is delighted that you and/or your parents/legal guardian are interested in our Programs for those with intellectual and developmental disabilities. This manual has been written to tell you and your family about our Programs and to document what you must do to participate.

Your safety is our primary concern. Our policies and procedures are necessary to help us create a safe and fun environment where you can enjoy being with your friends.

Before you participate in The Arc of Katy's Day Program, Summer Day Program, or Social Program, you and/or your parent/legal guardian/representative must be a member of The Arc of Katy. In addition you must thoroughly and accurately complete all the required forms specified in this package and submit them to:

The Arc of Katy
ATTN: Day Program Committee
P. O. Box 6133
Katy, Texas 77491

The Day Program Committee provides a list of eligible Participants to the Program Chair and Camp Director. Your name will not be on these lists until your current completed forms are received and your forms are verified for completeness.

All Participants and/or their representative must keep all forms updated.

We hope you will attend all of our Programs. Please submit completed forms no later than two weeks in advance of the first scheduled Program event you wish to attend.

We look forward to seeing you soon.

DAY PROGRAM / SUMMER DAY PROGRAM POLICY AND GUIDELINES

Day Program / Summer Day Program Purpose

The purpose of the Day Program/Summer Day Program of The Arc of Katy is to provide individuals with intellectual and developmental disabilities (IDD) meaningful activities in a safe and fun environment. The Day Program serves those out of the public school system, most who do not have the ability or opportunity for employment or other significant activity. In the Summer Day Program, Participants 16 and up are eligible to participate.

Schedule

Day and Social Programs are held September through May.
Our Summer Day Program is held in three (3) sessions June through August.

Requirements

All Participants must be a paid member in good standing with The Arc of Katy. The Day Program will accept those out of the public school system while the Summer Day Program will accept those 16 years of age and older. All Participants must complete and have approved the required paperwork.

The required forms (some of which must be notarized) are:

1. Membership Application (only required if not a current member)
2. The Arc of Katy Activity Enrollment Form
3. Consent for Photo Release
4. Authorization of Emergency Medical Treatment
5. Release of Liability
6. Permission to Transport and Release of Liability
7. Parent/Legal Guardian/Participant Acknowledgement

No one will be permitted to attend Day Program/Summer Day Program until all paperwork is on file. Please allow 2 weeks for processing the paperwork.

It is the parent/legal guardian's responsibility to supply accurate required information on the completed enrollment form and update this information when changes occur. Parents/legal guardians must cooperate in carrying out all policies affecting the operation of the Day Program and Summer Day Program.

Parent Responsibilities

Parents/Legal Guardians should explain the The Arc of Katy Program Policy and Guidelines to their Participant in terms they can understand.

Additional Participant Requirements for the Day Program and Summer Day Program

- Take care of all personal self-help needs
- Be ambulatory
- Maintain appropriate behavior
- Be able to work in a group setting without one-on-one attention
- Desire to attend the program
- Check in and out with appropriate supervisor daily
- Be respectful of all teachers, staff and property
- Participate in activities with a positive, cooperative and willing attitude
- Accept self-responsibility
- Have own transportation with prompt on time arrival and pickup
- Have a parent/legal guardian who will communicate with staff
- Clean work area when finished
- Have fun and enjoy the company of others

The Arc of Katy strives to keep participants safe but cannot offer one to one care. The ratio is one Arc staff member to 5 Participants. If a parent/guardian feels that The Arc of Katy is not meeting their Participant's special needs, it is recommended that said parent/guardian withdraw their Participant for a program that can meet the needs of the Participant. Any remaining tuition will be refunded upon receipt of a written withdrawal addressed to the Program Committee.

Application/Enrollment Procedure for the Day Program/Summer Day Program

1. Submit completed required forms to the Day Program Committee.
2. The Day Program Committee/Camp Director reviews your application and notifies you (1) if you have been approved (or denied) for enrollment and (2) if approved, which days you are scheduled to attend. If there are no openings on the days you wish to attend, your name will be placed on the waiting list(s) for those days.
3. Pay your tuition prior the month you are entering the program.

PLEASE NOTE-----your enrollment (and place in the Day/Summer Program) is not finalized until your tuition is received. Your enrollment is given to the Day Program Director only after all steps are completed.

Day / Summer Program Schedule

The Day Program will follow the Katy Independent School District calendar honoring all holidays. You will be notified of any changes in the calendar as soon as possible.

Day/Summer Program Participants will be provided a monthly newsletter and events calendar. If for some reason the calendar needs to be changed, Day Program staff will inform the parents/legal guardians/Participant as far in advance as possible.

The hours of operation are 8:00 AM to 3:00 PM on Mondays, Tuesdays, Wednesdays and Thursdays. Parents/legal guardians must plan for emergency situations with telephone number and names of back-up persons permitted to pick up Participant. Parents/legal guardians should be sure that a Program staff member is in the facility and has seen Participant before leaving. If Participants should arrive after 8:15 AM, parents/legal guardians must go into the facility with Participant for sign-in. In addition, if Participants arrive after 9:00 a.m., it is the responsibility of the parents/legal guardians to call 832-754-9802 to find out where Program Participants will be in order for you to deliver your Participant to that location.

We would ask that you please adhere to these times as our staff has work to prepare for the day and are not allowed to accept any Participants before 7:45 a.m. Our staff must leave the premises by 3:15 p.m. at the latest; therefore, all Participants must leave the premises by 3:00 p.m. If something unexpected delays you picking up your Participant, please make other arrangements for your Participant to be picked up on time by someone else.

Be Strong Swim and Exercise Program

Another part of the Day Program is an opportunity for Participants to participate in the Be Strong Swim and Exercise Program.

What is the Be Strong Swim and Exercise Program?

We are so very excited to invite your Participant to be a part of the **Be Strong Swim and Exercise Program**. We would like to provide you with some background information about the program. The **Be Strong Program** started with a strong desire from parents and staff to keep our Participants “moving” and as active as possible. An opportunity became available for us to use the YMCA pool in which we have our water therapy classes and the Peckham Park pool in which we participate in water aerobics classes. The classes are each an hour long and we participate twice a week. We have seen such tremendous results from our Participants in both programs, which are specific to each Participant’s needs. Their stamina, flexibility, balance and muscle strength have shown great improvements with each and every class. Yes, on those cold days it has not always been easy for the Participants to want to jump right into the water but their positive attitudes and determination make it all worthwhile.

We also try our best to make use of our exercise room, which is available all of the time at camp. We have treadmills, stationary bikes, weights and various other muscle strengthening equipment. Participants are always accompanied by staff when using this room.

If your Participant would like to participate in the swim part of the **Be Strong Program**, please complete the participant application, Be Strong Swimming Information application and release of liability located in the Forms section of this manual. He/she will be evaluated and placed in a class according to their abilities. Our Peckham Park group starts at 9:00 a.m. for a water aerobics class and the YMCA group meets at 12:15 p.m. for the water therapy class.

The Be Strong Program criteria is as follows:

1. The Participant must want to participate.
2. The Participant must have basic water skills and be able to stand in 4 ft. of water.
3. The Participant must be able to listen and follow instructions.
4. The Participant must need minimal assistance with dressing.
5. The Participant must want to work hard and have FUN!!!

Fees

FEES ARE DUE IN FULL WITHOUT DEDUCTIONS OR DISCOUNTS FOR ABSENCES.

The Camp fee per day is \$30.00. All fees are due no later than the first day of each month. Tuition may be paid online at www.thearcofkaty.org or mailed to P.O. Box 6133, Katy, Texas 77491 at least ten (10) days prior to the due date.

Unpaid fees/tuition will result in the forfeiture of a reserved place in our Day Program. To re-enter the Day Program, all fees must be paid in full. If the Day Program has a waiting list, your Participant will be placed in date order on the waiting list. Payment of past due fees after Participant's place has been forfeited does not guarantee an opening in the Day Program. The waiting list must be satisfied first.

There will be a \$30.00 fee for a check returned unpaid for any reason. After 2 returned checks, no further payment will be accepted by check. All future payments must be made by cashier's check or money order.

HCS Participants

The Arc of Katy will accept payments from HCS Providers of those Day Program Participants who are in HCS (Home and Community Services) administered by a state designated Authority for IDD. The following policies will be enforced.

The Arc of Katy will invoice the Provider at the end of each month with payments due no later than the 30th day of the following month.

The Participant (and/or the parent/legal guardian/representative) is responsible for any tuition not paid for by the Provider. **FEES ARE DUE IN FULL WITHOUT DEDUCTIONS OR DISCOUNTS FOR ABSENCES.**

Before the The Arc of Katy will agree to accept tuition payments from a Participant's Provider, the Participant (and/or his parent/legal guardian/representative) must:

- a. Confirm a contract is in force between The Arc of Katy and their individual Provider. (The Program Committee will work with the Provider of your choice to finalize a contract, but each Participant and their parent/legal guardian/representative are responsible for making sure a valid contract is in place before expecting tuition payments to be made by the Provider.)
- b. Confirm that the Provider has talked with the Day Program Director to establish goals and paperwork requirements.

Transportation

Each parent/legal guardian will be responsible for providing drop off and pick up. Participants will be transported to and from The Arc of Katy activities on The Arc of Katy buses. All Participants must use seatbelts at all times. We hold the right to exclude from this transportation any Participant whose behavior cannot be controlled or when that behavior endangers the lives of the driver or others when transported in The Arc of Katy buses.

Health Information

Parents/legal guardians must inform The Arc of Katy Day Program staff of any specific diet issues, health concerns or types of activities in which Participant may not participate. Safety and well-being is of the utmost importance for Participants at the Day Program

Anyone with a temperature (even if it can be controlled with medication), vomiting, diarrhea, or a communicable illness **MAY NOT ATTEND THE DAY PROGRAM!** Those who become ill after they arrive will have to be picked up as soon as possible after their parent/legal guardian is notified.

In the case of fever, the Participant must be fever free (this is fever free WITHOUT the use of medicine to control the temperature) for 24 hours before returning to the Day Program. If you have any questions, please call the Day Program staff prior to sending Participant.

Gluten Free

The Arc of Katy cannot ensure food prepared by outside sources is truly gluten free. It is, therefore, recommended that Participants with special dietary needs bring their own snacks/refreshments and/or lunch to camp or socials. On “restaurant day” a parent/guardian may meet their Participant at the chosen restaurant to order a special dietary meal. No Arc of Katy staff member/volunteer may order a special meal for a Participant. The Arc of Katy will not be liable should a Participant who is gluten intolerant react to a food listed as “gluten free”.

One to One Care

The Arc of Katy strives to keep Participants safe but cannot offer one to one care. The ratio is one (1) Arc staff member to five (5) Participants. If a parent/guardian feels that The Arc of Katy is not meeting their Participant's special needs, it is recommended that said parent/guardian withdraw their Participant for a program that can meet the needs of the Participant. Any remaining tuition will be refunded upon receipt of a written withdrawal addressed to the Program Committee.

Administration of Medication

If medication is to be administered to Participant by a staff member, written permission by the parental/legal guardian is to accompany the Participant on that day.

Prescription medicine: Prescription medicine must be in the original container; legibly labeled with Participant's name and parent/legal guardian must notify Program staff in writing of amount and time to be given. Only medicine with their name and in the dosage specified on the container will be given. Most medicines should only have to be given once during the time the Participant is at the Program. If the prescription calls for 3 times a day, a dose should be given BEFORE coming and AFTER leaving.

Over the counter medicine: Over the counter medicine must be in the original container with Participant's name written on the container. Parent/legal guardian must notify Program staff in writing of amount and time to be given.

Administration of Sunscreen and/or Insect Repellent

If sunscreen and/or insect repellent (each being properly labeled with the Participant's name or initials) is needed please send with the Participant **only if the Participant can apply same to themselves.** Otherwise, please apply these items to the Participant before they arrive at Day Program. Staff is not allowed to apply sunscreen and/or insect repellent to Participants.

Accidents

As the parent/legal guardian, you are required to sign an AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION (located in the forms section of the manual) to obtain medical aid in the event of an accident where medical attention is needed immediately and/or time is critical and you cannot be reached.

In the case of an accident occurring and not requiring immediate emergency room treatment, the parent/legal guardian will be contacted as soon as possible. Participant will be made as comfortable as possible while you are en route to the Day Program or the location of Participant.

Nutrition

Each Participant will bring his/her sack lunch, several bottles of water, something to drink with their lunch and 1 snack for mid-morning. If you wish to provide a special birthday snack, please contact the Program staff prior to the big day! Participants may bring food of their choice to Day Program (snacks, lunch, etc.).

No food should be sent that requires heating, microwaving and/or refrigeration.

We would ask that you please put name and/or initials on all drinks.

Gluten Free

The Arc of Katy cannot ensure food prepared by outside sources is truly gluten free. It is, therefore, recommended that Participants with special dietary needs bring their own snacks/refreshments and/or lunch to camp or socials. On "restaurant day" a parent/guardian may meet their Participant at the chosen restaurant to order a special dietary meal. No Arc of Katy staff member/volunteer may order a special meal for a Participant. The Arc of Katy will not be liable should a Participant who is gluten intolerant react to a food listed as "gluten free".

Clothing and Personal Need Items

Simple clothing appropriate for the season, which is suitable for indoors, outdoors, and exercising should be worn. Each Participant shall wear tennis shoes or athletic shoes. Female Participants need to supply their own monthly feminine sanitary items and be able to take care of their own personal feminine needs.

Cell Phones, Backpacks, Purses, etc.

Participants may bring cell phones, backpacks and/or purses, etc. with them to camp. The Arc of Katy cannot guarantee the safety of any items brought to and/or left at the Day Program. Each Participant will be responsible for any cell phone, electronic equipment, backpacks, purses and/or personal items brought to the camp.

PLEASE NOTE:

- The Arc of Katy and/or Program staff/volunteers will not be responsible for any loss, breakage, theft and/or damage of any personal items brought to the camp by a Participant.
- The Arc of Katy Program staff will not return to any facility to search for any lost item.

Cell Phone Usage During Day Program Hours

Cell phones may only be used during approved times.

Discipline

Positive verbal correction will be practiced. Appropriate behavior will be recognized and encouraged. Your Participant will learn by example through the use of fair and consistent rules. They will be redirected by stating alternatives when behavior is unacceptable. They will be helped to understand why their conduct is unacceptable and what is acceptable in a given situation.

The Day Program discipline steps include:

- Social Contract – Treat others how you want to be treated
- Verbal warning
- Cooling-off area or time
- Calling the parent

Termination of Enrollment

Enrollment can be terminated for any of a variety of reasons such as consistent late pickup after 3:00 p.m., vulgar or abusive language toward The Arc of Katy staff or others, non-payment of account and unacceptable behavior.

Extended Leave Policy

Extended Leave Policy Without Paying Tuition

Day Program Participants who have attended at least one full regular session (September – May) may request an Extended Leave Without Paying Tuition. The maximum length allowed for extended leave without paying tuition is one continuous 31-day period. The Participant's place at Day Program will be held for the Participant until the end of the requested extended leave.

The parent/legal guardian/representative of a Participant must notify in writing the Day Program Committee that the Participant wants to take a leave from Day Program prior to the beginning of the requested leave.

Extended Leave Policy for Leaves Over One Month

If a Day Program Participant takes a leave from Day Program that lasts more than one month, or if the Extended Leave Without Paying Tuition is not submitted, the following policy applies:

- If the Day Program has no waiting list at the time a Participant wants to return, the Participant may return to the Day Program when he/she desires.
- If the Day Program has a waiting list, the Participant's position will be filled by the first person on the waiting list. Upon their return to the Day Program, the Participant who took leave from Day Program due to medical reasons will, upon presentation of documentation by their doctor, be placed at the top of the waiting list. All others having taken leave of more than 31 continuous days and have not secured their place by paying their full tuition each month will be added to the waiting list.
- If the Day Program has a waiting list and the Participant wants to keep his/her place at Day Program, they may secure their place by paying their full tuition each month until they return. (Note: The first month's tuition is waived if an Extended Leave Without Paying Tuition is requested and the Participant meets all requirements.)

Absent Day(s) / Leave Policy During Summer Camp

Please keep in mind that when you sign up for a Summer Camp session, you are obligated to pay for each day your Participant is registered in that session, even if your Participant is absent due to illness, family vacation, or attending another camp. To maintain fairness to all of our families, exceptions for absences due to other activities cannot be made.

SCHOLARSHIP POLICY AND PROCEDURES

- The Arc of Katy has agreed to offer scholarships to those in need of assistance for both the Day Program and the Summer Day Program.
- The Arc of Katy Board of Directors will approve a total budget for scholarship funding each year in August and the maximum amount of the scholarship award.
- Scholarship Applications will be reviewed and administered by the Finance Committee and one member of the Day Program Committee.
- Those in need of a scholarship will submit a scholarship application to the Finance Committee Chairman or the Day Program Committee representative by either December 1 (effective January 1) or June 1 (effective July 1) of each year.
- Scholarships will be awarded for a one-year period and will be submitted and approved each year in December and June. Scholarship recipients' families/guardians must submit a scholarship application for renewal of their scholarship prior to the end of their existing scholarship.
- Consideration of scholarships awards will be based on:
 - Financial need
 - Special circumstances of the individual
 - Camp staff evaluation
- Scholarship funds remaining in an individual's account at the end of the Day Camp or Summer Camp will be transferred into The Arc of Katy Scholarship Fund. Individuals will receive their approved scholarship funds for the days they attend the Day Camp or Summer Camp. The transfer of credit funds into The Arc of Katy Scholarship Fund is an accounting procedure and does in no way affect the amount of scholarship monies approved for each recipient.

Abuse, Neglect and Exploitation

Abuse, neglect and exploitation of any person served by The Arc of Katy is prohibited.

Any suspected abuse, neglect or exploitation of any Participant by any person, including but not limited to, The Arc of Katy Members, The Arc of Katy Board of Directors, The Arc of Katy Day Program staff, and The Arc of Katy Day Program volunteers, should be reported within one hour by calling The Texas Department of Protective and Regulatory Services at **1-800-647-7418**.

Parent Involvement

Parent/Participant involvement is important to the success of the Participant at the Day Program. Should you need to speak with a Day Program staff, please call the camp telephone **(832-754-9802)** during program hours **(8:00 a.m. to 3:00 p.m.)** and leave a message. Staff will return calls as soon as possible.

Indemnification

The parents/legal guardians/Participant acknowledge their agreement to indemnify The Arc of the United States, The Arc of Texas, The Arc of Katy, any Arc of Katy staff/volunteers, any Arc of Katy Board Member or director, Owner (including his/her agent(s), staff/volunteers) at any facility in which an Arc of Katy event activity is held, Activities Sponsors, any Arc of Katy contract employee their agents, heirs, successors, assigns and/or representatives of any and all legal fees, courts costs, fees, expenses, interest and general costs or expenses associated with any legal actions arising out of Participant's involvement in The Arc of Katy Day Program or Summer Day Program.

REVOCAION OF RELEASES, CONSENTS AND ADDITIONAL SIGNED DOCUMENTS

The Arc of Katy forms, those requiring notarization and all other required forms, shall be considered in full force and effect until they are revoked in writing. Such revocation shall be in writing, signed by the same person executing The Arc of Katy forms or his/her representative and mailed to The Arc of Katy, P. O. Box 6133, Katy, Texas 77491. Upon receipt of such revocation, the executed Arc of Katy forms shall be considered to be null and void and no longer in effect.

SOCIAL PROGRAM POLICY AND GUIDELINES

Social Program Purpose

The purpose of the Social Program of The Arc of Katy is to provide individuals with intellectual and developmental disabilities the opportunity to interact with others to the full extent of their ability in a safe, supervised community setting and to have fun! Social Programs are held monthly Sept.-May. The Social Calendar is located online at www.thearcofkaty.org

SAFETY OF ALL PARTICIPANTS IS THE PRIMARY CONCERN AT ANY ARC OF KATY FUNCTION. ATTENDING SOCIALS IS A PRIVILEGE, NOT A RIGHT.

Requirements

All Participants must be a paid member in good standing with The Arc of Katy, at least 16 years of age and completed/submitted the required paperwork. Non-member guests will not be permitted to attend any function.

The required forms (some of which must be notarized) are:

1. Membership Application (only required if not a current member)
2. The Arc of Katy Activity Enrollment Form
3. Consent for Photo Release
4. Authorization of Emergency Medical Treatment
5. Release of Liability
6. Permission to Transport and Release of Liability
7. Parent/Legal Guardian/Participant Acknowledgement

No one will be permitted to attend Social Program events until all paperwork is on file. Please allow 2 weeks for processing the paperwork.

Sign In Procedures for Social Program Events

Parent/Legal Guardian must sign Participant in, verifying:

- Current contact information
- Participant's safe arrival
- Current health or behavior issues
- Designated time and name of person to pick up Participant from activity.

Parent/Legal Guardian must NOT drop off Participant without signing in.

The Arc of Katy cannot ensure food prepared by outside sources is truly gluten free. It is, therefore, recommended that Participants with special dietary needs bring their own snacks/refreshments to socials. No Arc of Katy staff member or volunteer can place a special meal order for a social Participant. The Arc of Katy cannot be liable should a Participant who is gluten intolerant react to a food listed as "gluten free".

Behavior at Social Program Events

SAFETY IS OUR NUMBER ONE GOAL AT ALL ARC OF KATY FUNCTIONS. INAPPROPRIATE BEHAVIORS WILL NOT BE TOLERATED.

- Physical violence will result in The Arc of Katy Sponsors immediately escorting Participant from the activity room. Parents/Legal Guardian will be called requesting immediate pick up of Participant and, at the sole discretion of The Arc of Katy Sponsors, appropriate law enforcement officials may be notified. Such acts will result in immediate and indefinite suspension of privilege of Participant attending social activities.
- Sexually inappropriate behavior will result in The Arc of Katy Sponsors immediately escorting Participant from the activity room. Parents/Legal Guardian will be called requesting immediate pick up of Participant and, at the sole discretion of The Arc of Katy Sponsors, appropriate law enforcement officials may be notified. Such acts will result in immediate and indefinite suspension of privilege of Participant attending social activities.
- The following steps will be taken for all other inappropriate behavior(s) as determined by The Arc of Katy Sponsors:
 1. A verbal warning will be given to the Participant by The Arc of Katy Sponsors.
 2. If inappropriate behavior continues The Arc of Katy Sponsors will ask the Participant to leave the area and go sit in another room for a cooling off period.
 3. If Participant fails to comply with The Arc of Katy Sponsors requests or inappropriate behavior continues, Parents/Legal Guardians will be called to come help manage behavior for the remainder of the Social Program event or, at the discretion of The Arc of Katy Sponsors, to take Participant home.
 4. If inappropriate behavior continues at the following Social Program event, Participant will lose the privilege of attending the next Social Program event.
- **FAILURE TO COMPLY WITH THE REQUESTS OF AN ARC OF KATY SPONSOR WILL RESULT IN IMMEDIATE AND INDEFINITE SUSPENSION OF PRIVILEGE TO ATTEND SOCIAL ACTIVITIES.**

Parent Responsibilities

Parents/Legal Guardians should explain the Social Program Policy and Guidelines to their Participant in terms they can understand. Should Participant's disability require one-on-one attention, The Arc of Katy requires that Parent/legal guardian attend the entire event to ensure a safe and enjoyable environment for all. If attending Parent/Legal Guardian cannot or will not control inappropriate behavior, or is either unwilling or unable to attend the entire event, Participant will have an indefinite suspension of privilege of attending Social Program events.

Indemnification

The parents/legal guardians/Participant acknowledge their agreement to indemnify The Arc of the United States, The Arc of Texas, The Arc of Katy, any Arc of Katy staff/volunteers, any Arc of Katy Board Member or director, Owner (including his/her agent(s), staff/volunteers) at any facility in which an Arc of Katy event activity is held, Activities Sponsors, any Arc of Katy contract employee their agents, heirs, successors, assigns and/or representatives of any and all legal fees, courts costs, fees, expenses, interest and general costs or expenses associated with any legal actions arising out of Participant's involvement in The Arc of Katy Social Program.

REVOCATION OF RELEASES, CONSENTS AND ADDITIONAL SIGNED DOCUMENTS

The Arc of Katy forms, those requiring notarization and all other required forms, shall be considered in full force and effect until they are revoked in writing. Such revocation shall be in writing, signed by the same person executing The Arc of Katy forms or his/her representative and mailed to The Arc of Katy, P. O. Box 6133, Katy, Texas 77491. Upon receipt of such revocation, the executed Arc of Katy forms shall be considered to be null and void and no longer in effect.

FORMS

The following are required forms (some of which must be notarized):

- Membership Application (only required if not a current member)
- The Arc of Katy Activity Enrollment Form
- Consent for Photo Release
- Authorization of Emergency Medical Treatment ☞
- Release of Liability ☞
- Permission to Transport and Release of Liability ☞
- Parent/Legal Guardian/Participant Acknowledgement

Participation in the Be Strong program is voluntary. If your Participant would like to participate in the Be Strong Program, please complete and return the following forms.

- Be Strong” Participant Application
- Be Strong Swimming Information
- Be Strong Program Release ☞

☞ Forms must be notarized



Achieve with us.®

Membership Application

Yes! I would like to be a member of the largest organization in the United States dedicated to improving the quality of life for people with intellectual and developmental disabilities (IDD).

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____ County _____

Home Phone _____ Work/Cell _____

E-Mail _____

Please check all that apply: Self Advocate Parent and/or Guardian
 Other Family Member Friend Professional Organization/Corporation

Organization or Company Name _____

If you have a family member with IDD, please complete the following information:

Name of Family Member with IDD _____

Age Group (Circle One) 1-24 25-34 35-54 55-65 66+ Birthday _____

Membership Levels:

Individual/Family Membership - \$50 _____

Patron of the Arc Membership - \$100 _____

Silver Patron of the Arc Membership - \$500 _____

Gold Patron of the Arc Membership - \$1000+ _____

Interested in volunteering? Please check your areas of interest.

- Day Activity Program Monthly Dances/Bingo Golf Tournament
- Barn Dance Gala Communications & Marketing Committee
- Program Committee Board of Directors
- Offering my talents, skills in other ways (please list) _____

WELCOME TO THE ARC FAMILY and THANK YOU FOR YOUR SUPPORT!

New Member _____ Renewing Member _____ Received _____ Processed _____ Cash _____ Check# _____

**The Arc of Katy • P. O Box 6133 • Katy, Texas 77491
832-754-9802 • www.thearcofkaty.org**

**THE ARC OF KATY
ACTIVITY ENROLLMENT FORM**

I am applying for enrollment for _____ who is my family member/son/daughter (Participant) for the following activity:

(Circle all that apply)

Adult Day Activity Camp Summer Day Activity Camp Social Activities (dances, bingo)

(Circle Requested Days of Attendance at Adult/Summer Day Camp)

Monday Tuesday Wednesday Thursday

GENERAL INFORMATION

Name of Participant: _____ Birthdate: _____

Participant's Address: _____

Mother's/Guardian's Name: _____ Primary Phone Number: _____

Secondary Phone Number: _____

Mother's/Guardian's Address: _____

Mother's/Guardian's Email: _____

Father's /Guardian's Name: _____ Primary Phone Number: _____

Secondary Phone Number: _____

Father's/Guardian's Address (if different): _____

Father's/Guardian's Email: _____

In Case of Emergency and a parent **CANNOT** be reached, please call:

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Please list persons to whom Participant is to be released:

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

Health Information for _____ (Participant):

**If Participants health information and/or medication(s)
change at any time, please inform The Arc of Katy.**

Are there any special medical issues the Participant currently has that would affect his/her participation in the activities of The Arc of Katy? (Please attach additional sheet if needed):

Yes _____ No _____

Disability or other health issues of participant (please attach additional sheet if needed):

Are there any restrictions on the activities that Participant should have?

Yes _____ No _____

If yes, please explain (please attach additional sheet if needed): _____

Does Participant have any allergies?

Yes _____ No _____

If yes, please explain (please attach additional sheet if needed): _____

Is Participant on a special/restricted diet?

Yes _____ No _____

If yes, please explain (please attach additional sheet if needed): _____

Please list all current prescription/over the counter medication(s) (with dosage) Participant is currently taking?

Please attach additional sheet if needed: _____

Is there any other medical information that would aid The Arc of Katy staff and Social Activity Sponsors?

Yes _____ No _____

If yes, please explain (please attach additional sheet if needed): _____

IDD Information: Are there any specifics on Participant’s IDD information that you can share with The Arc of Katy Day Program staff in order to best serve your Participant?

_____Initials

Behavioral Information for _____ (Participant).

Does Participant have any unusual behaviors that would require The Arc of Katy staff or Social Activity Sponsors to be aware of?

Yes _____ No _____

If yes, please explain (please attach additional sheet if needed): _____

Does Participant become easily upset, frustrated, or angry at certain situations?

Yes _____ No _____

If yes, please explain (please attach additional sheet if needed): _____

Would Participant run away from a situation (e.g., leave the facility) to where The Arc of Katy staff or Social Activity Sponsors might have to chase them?

Yes _____ No _____

If yes, please explain (please attach additional sheet if needed): _____

Would Participant become angry when provoked and then retaliate physically by attacking another Participant or The Arc of Katy staff or Social Activity Sponsors?

Yes _____ No _____

If yes, please explain (please attach additional sheet if needed): _____

Is Participant particularly sensitive to light, noise, specific sounds, odors, or any other triggers?

Yes _____ No _____

If yes, please explain (please attach additional sheet if needed): _____

If Participant becomes upset, angry, or out of control emotionally, what calms him/her?

Please explain: _____

What are Participant's main interests?

Please explain: _____

I/we understand that by signing below that I/we agree to these guidelines and know that enrollment and continued participation in The Arc of Katy activities is a Camp Director, Program Committee, and, ultimately, a Board of Directors' decision.

Parent/Legal Guardian

Date

_____, Participant

**THE ARC OF KATY
CONSENT FOR PHOTO RELEASE**

I give permission for _____, who is my family member/son/daughter/ward, to be photographed or filmed while participating in any Arc of Katy activities.

Photos of Participant may be shown, displayed or published in any form such as a PowerPoint presentation, magazine, newsletter, newspaper or brochure articles, and/or The Arc of Katy website. Requests for any other use of photos will require an approval of the Day Program Committee.

Once this written authorization is given, I understand that I must notify The Arc of Katy, in writing at P.O. Box 6133, Katy, Texas 77491 if I wish to withdraw this approval.

Signature of Participant

Signature of Parent/Legal Guardian

Date

THE ARC OF KATY
AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that the undersigned parent/legal guardian cannot be reached to make arrangements for emergency medical attention, I/we hereby authorize The Arc of Katy Day/Summer/Social Program staff, contract employee or volunteer to take _____ who is my family member/son/daughter/ward to the closest emergency medical facility.

The following information is provided to assist any emergency medical facility:

Name of Physician Address Phone

Name of Clinic or Hospital Address Phone

Insurance Company Group #

I give my consent for necessary emergency medical treatment when my family member/son/daughter/ward, is treated at an emergency medical facility. Furthermore, I agree to indemnify The Arc of the United States, The Arc of Texas, The Arc of Katy, any Arc of Katy staff/volunteers, any Arc of Katy Board Member or director, Owner (including his/her agent(s), staff/volunteers) at any facility in which an Arc of Katy event activity is held, Activities Sponsors, any Arc of Katy contract employee their agents, heirs, successors, assigns and/or representatives of all fees, expenses and costs associated with any legal actions arising out of this emergency medical release/authorization. This authorization shall be in effect until revoked in writing by me as such parent and/or legal guardian and such written notice delivered to The Arc of Katy, P. O. Box 6133, Katy, Texas 77491.

Signature of Parent or Legal Guardian Date

STATE OF TEXAS
COUNTY OF HARRIS

Before me, the undersigned, a Notary Public, in and for said County and State, on this ____ day of _____, 20____, personally appeared _____ personally known to me to be the person who executed within the foregoing instrument and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, for the purposes therein set forth.

Notary Public
State of Texas
My commission Expires on: _____

**THE ARC OF KATY
RELEASE OF LIABILITY**

I, the undersigned parent and/or legal guardian, hereby understand that my family member/son/daughter/ward, will be participating in The Arc of Katy activities at his/her own risk. I further hereby release The Arc of the United States, The Arc of Texas, The Arc of Katy, any Arc of Katy staff/volunteers, any Arc of Katy Board Member or director, Owner (including his/her agent(s), staff/volunteers) at any facility in which an Arc of Katy event activity is held, Activities Sponsors, any Arc of Katy contract employee, their agents, heirs, successors, assigns and/or representatives from any liability for any injuries to my family member/son/daughter/ward and/or claim known or unknown, that may occur as a result of participating in the activities of The Arc of Katy.

I understand that in the event of an accident, the parent/legal guardian, the Participant or I will be responsible for ALL medical bills or other expenses incurred.

I understand that if I do not agree to these terms, my family member/son/daughter/ward will NOT be allowed to participate in the activities of The Arc of Katy. This release shall be in effect until revoked in writing by me as parent and/or legal guardian or Participant and such written notice delivered to The Arc of Katy, P. O. Box 6133, Katy, Texas 77491.

Signature of Parent and/or Legal Guardian

Date

Signature of Participant

STATE OF TEXAS
COUNTY OF HARRIS

Before me, the undersigned, a Notary Public, in and for said County and State, on this ____ day of _____, 20____, personally appeared _____ personally known to me to be the person who executed within the foregoing instrument and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, for the purposes therein set forth.

Notary Public
State of Texas
My commission Expires on: _____

**THE ARC OF KATY
PERMISSION TO TRANSPORT AND RELEASE OF LIABILITY**

_____ has my permission to be transported by The Arc of Katy staff for activities arranged by The Arc of Katy to any commercial or public site. Additional releases per visit must be signed by parents for transportation to any other site.

I, the undersigned parent and/or legal guardian, hereby understand that my family member/son/daughter/ward, will be transported to participate in The Arc of Katy activities at his/her own risk. I further hereby release The Arc of the United States, The Arc of Texas, The Arc of Katy, any Arc of Katy staff/volunteers, any Arc of Katy Board Member or director, Owner (including his/her agent(s), staff/volunteers) at any facility in which an Arc of Katy event activity is held, Activities Sponsors, any Arc of Katy contract employee, their agents, heirs, successors, assigns and/or representatives from any liability for any injuries to my family member/son/daughter/ward and/or claim known or unknown, that may occur as a result of participating in the activities of The Arc of Katy.

I understand that in the event of an accident, the parent/legal guardian, the Participant, or I will be responsible for ALL medical bills or other expenses incurred.

I understand that if I do not agree to these terms, my family member/son/daughter/ward will NOT be allowed to participate in the activities of The Arc of Katy. This permission and release shall be in effect until revoked in writing by me as such parent and/or legal guardian or Participant and such written notice delivered to The Arc of Katy, P. O. Box 6133, Katy, Texas 77491.

Signature of Parent and/or Legal Guardian

Date

Signature of Participant

STATE OF TEXAS
COUNTY OF HARRIS

Before me, the undersigned, a Notary Public, in and for said County and State, on this ____ day of _____, 20____, personally appeared _____ personally known to me to be the person who executed within the foregoing instrument and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, for the purposes therein set forth.

Notary Public

State of Texas

My commission Expires on: _____

Parent/Legal Guardian/Participant Acknowledgment

I, the undersigned parent/legal guardian/Participant, acknowledge that I have received and reviewed all the terms and conditions contained within this Arc of Katy Programs Manual. I furthermore acknowledge that as a parent/legal guardian, I have discussed the terms and conditions of this manual with Participant and I/we accept all the terms and conditions contained within this Arc of Katy Day Program Manual.

Parent/Legal Guardian

Date

Participant

**THE ARC OF KATY
“BE STRONG” PARTICIPANT APPLICATION**

Participation in the Be Strong program is voluntary. If your Participant would like to participate in the Be Strong Program, please complete and return the following forms.

Name of Participant _____

Date of Birth _____

Name of Parent or Guardian _____

Contact Info: Home Phone _____ Cell Phone _____

Email _____

Disability of Participant _____

1. Medications participant is currently taking (be specific):

2. What type of physical limitations does your Participant have? (be specific):

3. Does your Participant participate in any type of physical therapy program now and if so, what types of things do they work on? (be specific):

4. What type of exercise therapy would you like your Participant to work on? (Prioritize please, 1-6 and be specific in that category of any exercises or goals to work on)

Cardio: (treadmill, elliptical, stationary bike)

Balance:

Muscle strengthening:

Endurance exercises:

Fine & Gross motor skills:

Swimming:

5. What motivates your Participant to do things?

6. What are his/her interests or hobbies? (music, bowling, sports teams...)

Please provide us with any additional info you would like us to know about your Participant, please attach an additional sheet if necessary.

BE STRONG SWIMMING INFORMATION

IF YOUR PARTICIPANT WOULD LIKE TO PARTICIPATE IN THE SWIM PORTION OF THE PLEASE FILL OUT THE FOLLOWING FORMS AND RETURN TO CAMP.

PARTICIPANT NAME: _____

1. Has your Participant had swim lessons? _____

If yes, how long ago? _____

2. What type of swimmer would you say your Participant is? _____

3. Which class would you like your Participant to participate in:

Water Aerobics _____ Water Therapy _____

BE STRONG PROGRAM RELEASE

I, _____, or the undersigned parent and/or legal guardian of _____ hereby understand that I/my family member/son/daughter/ward will be participating in The Arc of Katy BE STRONG physical rehabilitation program at my/his/her own risk. I further hereby release and hold harmless The Arc of the United States, The Arc of Texas, The Arc of Katy, any Arc of Katy staff/volunteers, any Arc of Katy Board Member or director, Owner (including his/her agent(s), staff/volunteers) at any facility in which an Arc of Katy event activity is held, Activities Sponsors, any Arc of Katy contract employee their agents, heirs, successors, assigns and/or representatives from any liability for any injuries to me, my family member/son/daughter/ward and/or claim known or unknown, that may occur as a result of participating in the activities of The Arc of Katy BE STRONG physical rehabilitation program.

I understand that in the event of any accident I may sustain relating to or from The Arc of Katy BE STRONG physical rehabilitation program, the parent/legal guardian, the Participant or I will be responsible for ALL medical bills or other expenses incurred.

I understand that if I do not agree to these terms, I/my family member/son/daughter/ward will NOT be allowed to participate in the BE STRONG physical rehabilitation program of The Arc of Katy. This release shall be in effect until revoked in writing by parent and/or legal guardian of or Participant and such written revocation notice delivered to The Arc of Katy, P.O. Box 6133, Katy, Texas 77491.

Signature of Parent and/or Legal Guardian

Date

Signature of Participant

STATE OF TEXAS
COUNTY OF _____

Before me, the undersigned, a Notary Public, in and for said County and State, on this _____ day of _____, 20____, personally appeared _____ personally known to me to be the person who executed within the foregoing instrument and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, for the purposes therein set forth.

Notary Public
State of Texas
My Commission Expires on: _____