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## THE ARC OF KATY VIP PROGRAM ENROLLMENT FORM

Date:

I am applying for enrollment for  
member.

who is my family

### GENERAL INFORMATION

Name of Participant: \_

Birthdate:

Gender:

Participant's Address:

City

State

Zip Code

Primary Contact Name:

Relationship to participant:

Primary Contact Address:

City

State

Zip Code

Primary Contact Phone Number:

Email:

Please provide an email that is active and frequently checked.

Please provide Diagnosed Intellectual and/or Development Disability:



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Any additional comments you think might aid staff:

Please list any hobbies or areas of interest to participant:

Do you have access to a printer that would allow you print any needed materials?

Is there someone who would be available to assist if needed with Zoom and/or activities?

With application please send photo of participant to assist instructor in identifying and engaging with participant.