SPECIAL
REACH

Summer Enrichment Program
Application Form

P.O Box 690215 San Antonio TX 78269 Ph: (210) 7847478 Fax: (210) 651-0771
E-mail: special.reach@gmail.com

Application Process

Special Reach Inc. conducts enrichment programs that are geared for a specific population of children with special needs. Consequently, applicants must meet certain criteria for each enrichment program in order to be eligible to participate in the program. Applicants must submit a completed application form along with a non-refundable application fee of $20 (make check payable to Special Reach, Inc.). The application form and documents should be mailed to the above address. All applicants will be contacted regarding the status of their application.

Children who have exhibited or currently exhibit the following behaviors will not be eligible for admittance into the summer enrichment program.

- Physical harm to self or others
- Physical aggression
- Sexual misconduct
- Elopement
- Threats

Please Indicate Which Summer Program You Are Applying For:

☐_____ June; ☐_____ August; ☐_____Both

ADMISSION CHECKLIST

THE FOLLOWING MUST BE PROVIDED BEFORE ENROLLMENT AND ATTENDANCE. If the item does not apply, mark the space N/A.

☐_____ Physician's orders for current medications (if being administered during program hours)

☐_____ Copy of behavior management plan (if applicable)

The following information must be completed and signed by a parent or guardian in order for the child to be considered for the Special Reach summer enrichment program.

Participant Name________________________ DOB______ / ______ /______
Age ___________ Height __________ Weight __________
Address: ____

Diagnosis____

Name of School: _________________________ School Phone: _______________
District______________________________________ Grade _______________
How did you hear about us?
____
____

Allergies ____

Current medications, time of administration and any special instructions:
____
____
____

Are there any limitations and/or physical restrictions we need to know about your child?
____
____

List any dietary restrictions and/or food allergies:
____

Participant's Physician: ___________________________ Phone: ___________________

It is my understanding that if there are any changes to my child's medications I will inform the Special Reach staff as soon as possible in writing.

____ ___________________
Parent Signature Date

Participant Profile

To ensure the most positive experience, please help us by completing the following information.

1) What is your child's primary mode of communication?
Signing Verbally Pictures Other Specify: ____________________

2) Does your child follow verbal directions? No Yes

3) Does your child require visual/picture directions? No Yes

4) Does your child require special attention due to behavioral challenges?

Frequently Sometimes Rarely Please explain: ____________________

5) Does your child need special attention due to sensory challenges? Yes No

Please explain: ________________________________

6) Does your child communicate the need to use the restroom? Yes No Uses Diapers

7) Does your child need frequent reminders to use the restroom? Yes No

8) Does your child feed him/herself independently? Yes No

9) Does or has your child physically attacked others? Yes No

10) Does your child excessively manipulate their genital area in public? Yes No

11) Can your child participate in outdoor activities? Yes No

What typically upsets your child?

____

What typically calms down your child?

____

If my child exhibits aggressive/uncontrollable behavior (i.e. hitting, scratching, biting, etc.), I give permission for The Special Reach staff to passively restrain him/her and or use time out for 2-5 minute intervals (not to exceed 15 minutes total), until the behavior is under control. I understand that I will be notified if my child exhibits ongoing disruptive behavior and I (or the designated person) will pick up my child that day (as soon as possible) from the enrichment program.

________________________________ ____________________

Parent Signature Date

Medical Permission:
In the event that I cannot be reached to authorize medical attention for my child, _____________, I authorize a representative of Special Reach to seek medical attention and grant medical staff permission to treat my child. I will not hold Special Reach Inc staff liable for any accidental injury incurred by my child during The Special Reach enrichment program hours.

______________________________ ________________________

Parent Signature Date

Photo Release:
I give permission for photographs or video of my child to be used by Special Reach Inc to portray and/or promote Special Reach activities. In no way will my child be exploited by the use of such photographs or videos.

____________________________ ________________________

Parent Signature Date

Family Profile

Mother's Name: ____

Address: ____

Cell phone #: _____________________ Home phone #: ____________________

E-mail address: ____

Mother's place of work: ____________________ Work phone #: __________________

Father's Name: ____

Address: ____

Cell phone #: _________________ Home phone #: ________________

E-mail address: ____

Father's place of work: ___________________ Work phone #: ________________

Participant lives with: Mother Father Both Other: _____________

Emergency Contact:
- Two alternate contacts - we need two people other than yourself to contact in case we can't reach you in the event of an emergency. We prefer that these people have contact numbers different than your own.

1) Name: ______________________________________
   Address: ____
   Cell phone #: _____________ Home phone #: _____________
   Work phone #: _____________ Relationship: _______________
2) Name: ______________________________________
   Address: ____
   Cell phone #: _____________ Home phone #: _____________
   Work phone #: _____________ Relationship: _______________

I hereby authorize The Special Reach staff to allow my child to be released from enrichment program to only to the following people:

Mother: __________________________ Father: __________________________

Other	**Relationship**	**Phone**
________________	_________________	______________
________________	_________________	______________

______________________________ ___________________

Parent Signature Date

____

Fees:

Registration: $20 Due upon initial registration; Nonrefundable
Weekly enrichment program fee: $155 Due on/or before the first day of enrichment program. Refundable.

ADDITIONAL FEES:
Lunch: $5 a day (optional)
Late pick-up fee: $20 for the first 15 minutes past 3:00 PM and $1.00 for every minute thereafter until your child is picked up.

Special Reach is a non-profit organization and registration fees cover only 30% of actual costs. If you would like to contribute to help another child participate in our programs, please contact us at 210.784.7478***. Our goal is that no child will be turned away for financial reasons.***

To Parents:
Attached is a Physician Medication Order that is used at Special Reach enrichment programs for those individuals requiring medications while in our care. This form is to be ***filled out completely by the physician***, not by the parent. This order must be in place before we will assist in dispensing any medication to the individual it is prescribed for. If there is **any change in medication or dosage at any time**, a new order must be obtained before we will assist in dispensing the medication.

Special Reach Inc. Medicine Dispensing Policy

1) All medications will be dispensed by our enrichment program nurse consistent with a doctor’s orders.
2) We cannot assist in dispensing the first dose of a new medication. This is done for the participant’s safety in the event any side effects or reactions occur.
3) All medications are to be in their original containers and must coincide with the written physician’s order.
4) Our nurse will contact you with any further information.

Thanks for cooperating with us to ensure that our participants have a healthy, positive experience at the Special Reach enrichment programs!

______________________________ ____________________
Parent signature Date

Physician Medication Order

Please assist ________________________________ with taking the following:
Medication(s):
____
____
Condition for Use:
____
____
Dosage and special instructions for medication (please include any concerns or special monitoring):
____
____

Time to be taken: ____________ Days to be taken: _______________________

Prescription Date: ______________ Continue this Medication Until: ________________

Prescribing Physician (Name and number): _____________________________________

____________________________________ _______________
Physician's Signature Date

This order will expire one year from the date signed, unless otherwise stated by physician.
Medication must be in its original and current container (may use a school dose bottle supplied by the pharmacy) with person's name clearly printed and with the current dose instructions.