



A non-profit organization dedicated to serving children with special needs.

www.specialreach.com

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Kids' and Teens' Party Night Application Process

Special Reach Inc. conducts several programs for children with special needs. Each program is geared for a specific population of children with special needs. Consequently, applicants must meet certain criteria of each program in order to be eligible to participate in the program. Applicants must submit a completed application form.

The application form and documents should be mailed, faxed or emailed to the above address. All applicants will be contacted regarding the status of their application.

*NOTE: Children who have exhibited or currently exhibit the following behaviors will not be eligible for admittance into this program.

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

Special Reach is a recognized 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.

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 Kids' and Teens' Party Night.

Participant

Name _____ Prefers to be called: _____
 DOB ____ / ____ / ____ Age _____ Height _____ Weight _____
 Diagnosis _____
 School _____ District _____ Grade _____
 How did you hear about us? _____

***NOTE: Medicines will NOT be administered during this program**

Are there any limitations and/or physical restrictions while this child is at program? _____

List any dietary restrictions/food allergies? _____

Please circle the appropriate response and write responses where appropriate:

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

2) Does your child adjust easily to new environments? Frequently Sometimes Rarely

3) Does your child communicate the need to use the restroom? Yes No

If YES, specify mode of communication. If NO, is your child incontinent? _____

4) Does your child feed him/herself independently? Frequently Sometimes Rarely

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

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

7) Does your child wander off from you or staff? Yes No

8) Does your child swear or use obscene language? Frequently Sometimes Never

9) Are there any medical reasons why your child should not go outside? Yes No

Please describe any Challenging Behaviors your child exhibits: _____

What typically upsets your child? _____

What typically calms down your child? _____

List additional information that might contribute to a positive program experience: _____

Please describe any other additional information that might help us to work with the participant _____

SIBLING INFORMATION

Sibling Name(s) and age(s) 1) _____,

2) _____, 3) _____,

4) _____

Do siblings have special needs? Yes ___ No ___ If yes, please specify _____

List any additional sibling information _____

If my child/children 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 as soon as possible from the program.

Parent Signature Date

Immunization Records:

My child/children's immunization records and tuberculosis test record are current

Parent Signature Date

Medical Permission:

In the event that I cannot be reached to authorize medical attention for my child/children, _____, I authorize a representative of Special Reach to seek medical attention and grant staff permission to treat my child/children. I will not hold Special Reach Inc. staff liable for any accidental injury incurred by my child/children during Special Reach Kids' and Teens' Party Night.

Parent Signature Date

Photo Release:

I only give permission for photographs or video of my child/children to be used by Special Reach Inc. to portray and/or promote Special Reach activities.

Parent Signature Date

CONTACT INFORMATION

Mother's Name: _____
Address: _____

Cell phone #: _____
Home phone #: _____
E-mail address: _____

Father's Name: _____
Address: _____

Cell phone #: _____
Home phone #: _____
E-mail address: _____

Participant lives with: Mother Father Both Other (specify): _____

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: _____
Cell phone #: _____
Home phone #: _____
Relationship: _____

2) Name: _____
Cell phone #: _____
Home phone #: _____
Relationship: _____

I hereby authorize The Special Reach staff to allow my child/children to be released from the program to
Only the following people:

Mother: _____ Father: _____

Other	Relationship	Phone
_____	_____	_____
_____	_____	_____

Parent Signature Date

Fees:

Program fee: \$30 per participant **due on/or before drop off.** \$15 for each additional sibling

ADDITIONAL FEES:

Late pick-up fee: \$20 for the first 15 minutes past 9:30 PM and \$1.00 for every minute thereafter until your child is picked up.