



Children's Recreation Program
Presents...

New Frontier Adventures

When: August 16-20th

Time: 9:00am-3:00pm

Where: Masonic Youth

Foundation Center

116 Long Street

Warwick, RI 02886

Music Week

This week we will be...

- Attending a concert at Kennedy Plaza
- Making our own instruments
- BBQ celebration on Friday

\$250 Per Week

Add a sibling at a discounted rate

Registration Due Wednesday August 11

I, _____ give permission for my child _____ to be transported by Trudeau vehicles or Trudeau employees during Children's Recreation New Frontier Adventures Program. **I will arrange transportation to and from NFA.**

Dates my child will attend:

Mon 8/16 ___ Tues 8/17 ___ Wed 8/18 ___ Thurs 8/19 ___ Fri 8/20 ___
Staff _____ Staff _____ Staff _____ Staff _____ Staff _____

***Please indicate which staff person is coming each day**

Below is a list of items that your child should bring:

Bathing Suit and Towel Change of Clothes Sunscreen

Bug Spray Lunch (Except Friday)

- Please no peanut products unless discussed with Mike or Lisa
- Don't forget to label your children's belongings

Return this information to the Trudeau Center at 3445 Post Road Warwick, RI 02886 attention Mike Sherman. If you have any questions please contact Mike Sherman at 739-2700 ext.284 or msherman@trudeaucenter.org



J. Arthur Trudeau Memorial Center

Home Based Children's Services

Children's Recreation New Frontier Adventures registration

Participants Name _____ DOB _____ Age _____

Name of Guardian (s) _____

Address _____

Phone (home) _____ (Cell) _____ Email _____

Emergency Contact Information

Name of Contact Person	Relationship	Phone Number(s)

Medical Information

Allergies/Medications/Medical Concerns: _____

Does child have a seizure disorder? _____

Does child take any prescription medication? _____

Please list:

MEDICATION	DOSAGE	TIME
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In the event your child needs to be hospitalized please indicate which hospital you would prefer?

Does your child utilize any of the following?

- Visual schedules Social Stories Conversation Scripts

• If your child uses any of the above or any other communication device please send it with them to NFA to enhance their experience while at NFA

• What aspect of our program would the participant most benefit from
Social Emotional Physical Educational

Please describe your child's Activities of Daily Living:

	Complete Assistance	Partial Assistance	Independent
Toileting	1	2	3
Dressing	1	2	3
Eating	1	2	3

I give permission to New Frontier Adventures staff to assist in toileting. Signature_____

My child exhibits the following behaviors:

- Runs away Touches others inappropriately Scratches, bites, hits self
 Scratches, bites or hits others Screams, loud noises
 Other, Please describe in detail

Does your child have a Behavior Plan? If yes please include with registration packet if no, please share how you avoid or decrease unwanted behaviors.

Please list any other additional information that New Frontier Adventures staff should be aware of as well as any likes and dislikes that would help your child be successful while at NFA

Parent/Guardian _____ Date _____

**To ensure the safety of all children at all times, we ask that you give us a list of people who have your permission to pick up your son/daughter. We will not release anyone without consent of the parent in advance. A written note will be required if your child will be getting picked up from anyone not listed. Please be sure to make us aware of any court orders.

Picture I.D must be shown when picking up a child

Don't forget to include yourself on this list!

Name: _____ **Relationship:** _____

Address: _____

Phone #: _____ **Cell #:** _____

Name: _____ **Relationship:** _____

Address: _____

Phone #: _____ **Cell #:** _____

Name: _____ **Relationship:** _____

Address: _____

Phone #: _____ **Cell #:** _____

Name: _____ **Relationship:** _____

Address: _____

Phone #: _____ **Cell #:** _____