



Family Support Center  
Registration Form

Please complete the following form.

Name \_\_\_\_\_

Nickname \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone \_\_\_\_\_

Parent's E-mail Address: \_\_\_\_\_

Parent/Guardian with legal custody to be contacted in case of illness or injury:

Name: \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Email \_\_\_\_\_

Work Phone # \_\_\_\_\_

**Individual Name:**

**Medical Insurance Information**

Covered by family medical/hospital insurance  Yes  No

Include a copy of your insurance card; copy both sides of the card so information is legible.

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Subscriber \_\_\_\_\_

Insurance Company Phone # \_\_\_\_\_

Primary Care Physician \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_

**Individual's Name:** \_\_\_\_\_

**Please check off classes you would like to attend and also let us know if the individual is coming with 1:1 support (Yes/No). All classes are free.**

\_\_\_ **Mondays: Fitness Class Time: 5:15pm -6:00pm Date: June 14-21-28** Yes \_\_\_ No \_\_\_

\_\_\_ **Tuesdays: Music Therapy Time: 4:30PM -5:30PM Date: June 15-22-29** Yes \_\_\_ No \_\_\_

\_\_\_ **Tuesdays: Zumba Class Time: 5:30PM -6:15PM Date: June 15-22-29** Yes \_\_\_ No \_\_\_

\_\_\_ **Tuesdays: News2You Class Time: 7:00pm -8:00pm Date: June 15-22-29** Yes \_\_\_ No \_\_\_

\_\_\_ **Wednesdays: Yoga Class Time: 5:15pm -6:00pm Date: June 16-23-30** Yes \_\_\_ No \_\_\_

\_\_\_ **Wednesdays: Life Skills Virtual Field Trips Time: 7:00pm -8:00pm Date: June 16-23-30** Yes \_\_\_ No \_\_\_

\_\_\_ **Thursdays: Karate Class Time: 5:15pm -6:00pm Date: June 17-24** Yes \_\_\_ No \_\_\_