



Summer 2019 Family Fun Time!
Ages 18 months-5 years
 UCP and Children's Therapy Services
Registration Form



Family Fun Times are a great way to bond with your child while exposing them to new and exciting opportunities! You and your child will participate in activities such as: story time, music and movement, parachute play, art and more! Parenting information and take home activities will also be available.

Child's Name: _____ DOB: _____

Home Address: _____

City, Zip : _____ Email: _____

Parent Name: _____ Home Phone: _____ Cell Phone: _____

Please list names and ages of any siblings you would also like to register: _____

For all Family Fun Times, you will remain with your child. Programs will run on Thursdays from 9-10 a.m.

Please circle all that apply:

- | | |
|---------|----------|
| June 6 | July 11 |
| June 13 | July 18 |
| June 20 | July 25 |
| June 27 | August 1 |

To register, please return the following to UCP. Early registration is encouraged and space is limited and first come, first served. No registration will be accepted less than one week before each session.

- Registration form
- Photo release (optional)

Family Fun Times are provided at no charge through UCP's Family Connections (FC) Program. Funding for FC is provided by the Children's Trust Fund. The following information is used only for reporting purposes to CTF and is voluntary:

- 10 Questions About You



2075 Max Luther Drive
 Huntsville, AL 35810
 CENTER: 256-852-5600
 ADMIN: 256-859-4900
 FAX: 256-852-6722
 www.ucphuntsville.org



RELEASE FORM



Authorization to Release Protected Health Information by United Cerebral Palsy of Huntsville and Tennessee Valley, Inc. (UCP)

2075 Max Luther Drive
Huntsville, AL 35810
CENTER: 256-852-5600
ADMIN: 256-859-4900
FAX: 256-852-6722
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Client (Child) Name: _____

Parent/Legal Guardian Name: _____

Relationship to Client: _____

I hereby authorize UCP to use and disclose the following protected health information:

- | | |
|--|-----------------------------------|
| Photographs of client and/or family | Videotape of client and/or family |
| Client's name | Client's age |
| Client's diagnosis | Shared personal story |
| Types and frequency of treatment received at UCP | |

The above information may be used for the following events from the date of signature at the bottom of this release until the expiration date at the bottom of this release:

- Print media, including regional newspapers
- Electronic media, including radio, TV and internet websites
- Special events and promotion thereof
- Community fundraising events for UCP and promotion thereof
- Irish Evening and promotion thereof
- UCP web page
- Information fairs / displays in the UCP Center and off-site
- UCP family newsletter
- Proposals and thank you items for corporate sponsors / donors
- Seasonal parties
- Tour groups

UCP of Huntsville and Tennessee Valley has my permission to use my or my child's photograph, likeness, artwork, profile and/or story in all forms of media and all manners, including publications, web pages, and other promotional materials. I understand the circulation of the materials could be worldwide and that there will be no compensation to me for this use. I waive any right to inspect or approve the finished product, including written copy that may be created in connection therewith. I understand that, once this information is released, UCP is not responsible for information released by others.

This release will expire five years from the date of signature. I understand that I can revoke this authorization in writing at any time. I further understand that UCP cannot deny treatment or services if I refuse to sign this authorization.

Signature of Parent/Legal Guardian: _____

My E-Mail Address: _____

Date of Signature: _____



35422

Participant ID

Participant ID input boxes

Enrolled Date (month/day/year):

Enrolled Date input boxes

Completed Date (month/day/year):

Completed Date input boxes

10 Questions About You

Instructions:

Please mark your answer to the following questions about yourself. Your answers will be kept confidential. If you have any questions, please notify the program staff. **USE DARK (BLUE/BLACK) PENCIL / INK**

1. What is your sex? Female Male

2. What is your age in years?

3. What is your current relationship status?

- Single, never married
- Committed relationship (not married)
- Married
- Separated
- Divorced
- Widowed

4. Are you of Hispanic, Latino or Spanish ethnicity? Yes No

5. What is your race? You may mark more than one.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian / Pacific Islander
- White
- Other - list below

Other race list input box

6. What is the highest level of education you have attained?

- Did not finish high school
- High school diploma / GED
- Trade school / technical certificate
- Associate's degree
- Bachelor's degree
- Master's degree / advanced degree

7. What is your current employment / job status?

- I work full time
- I work part time
- I am retired
- I am a student
- I am disabled
- I am unemployed

8. What is your current yearly income?

- Less than \$10,000
- \$10,000 - \$19,000
- \$20,000 - \$29,000
- \$30,000 - \$39,000
- \$40,000 - \$49,000
- \$50,000 - \$59,000
- \$60,000 - \$69,000
- \$70,000 - \$79,000
- More than \$80,000

9. Are you currently incarcerated (in jail)? Yes No

10. How many children do you have? Mark all that apply.

Your biological child(ren)

How Many?

Your foster child(ren)

How Many?

Your step-child(ren)

How Many?

Your adopted child(ren)

How Many?

Your grandchild(ren)

How Many?

How many of these children have special needs?

What is / are the special need(s)?

ADD/ADHD

Aphasia/Dysphasia

Apraxia/Dyspraxia

Auditory Processing

Autism/Aspergers

Cystic Fibrosis

Cerebral Palsy

Developmental Delays

Down Syndrome

Dyslexia

Emotional/Behavior Disorders

Fetal Alcohol Syndrome

Fragile "X"

Hearing Impaired

Learning Disabilities

Intellectual Disability

Neurological Disabilities

Seizure Disorder

Support Groups

Visual Impairment

Other - list below