



2020 Family Fun Time!
Ages 18 months-5 years
 UCP and Children's Therapy Services
Registration Form for Spring Semester



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:

- | | | | |
|------------|------------|-------------|---------|
| January 23 | February 6 | February 20 | March 5 |
| March 19 | April 9 | April 23 | May 7 |

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
www.ucphuntsville.org

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: _____

14248

Participant ID

--	--	--	--	--	--	--	--

Completed Date (month/day/year):

		/			/				
--	--	---	--	--	---	--	--	--	--

15 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

Committed relationship (not married)

Married

4. Have you ever been separated? Yes No

5. Have you ever been divorced? Yes No

6. Have you ever been widowed? Yes No

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

8. What is your race?

American Indian or Alaska Native

Asian American/Asian

African American/Black

Native Hawaiian / Pacific Islander

European American/White

Bi-racial

Other - please list

--

9. 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

10. What is your current employment / job status?

Full time employment (35 or more hours a week)

Part time employment (1-34 hours a week)

Employed, but number of hours change from week to week

Temporary, occasional, or seasonal employment or odd jobs for pay

Not currently employed

11. If you are currently NOT employed, are you:

Actively looking for work

Retired

Disabled

NOT actively looking for work



14248

12. What is your current monthly income?

- Nothing, I am unemployed
- \$100-\$799
- \$800-\$1,599
- \$1,600-\$2,499
- \$2,500-\$3,299
- \$3,300-\$4,099
- \$4,100-\$4,999
- \$5,000 or more

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

14. 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?

15. 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