

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



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

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 check all that apply:

- January 17** **January 31**
- February 14** **February 28**
- March 14** **March 28**

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



RELEASE FORM



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

Client (Child) Name: _____

Parent/Legal Guardian Name: _____

Relationship to Client: _____

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

Photographs of client and/or family

Client's name

Client's diagnosis

Types and frequency of treatment received at UCP

Videotape of client and/or family

Client's age

Shared personal story

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: _____



40173

Participant ID

Grid for Participant ID: 10 empty boxes

Completed Date (month/day/year):

Grid for Completed Date: 2 boxes for month, 2 for day, 4 for year

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?

Grid for age: 2 empty boxes

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

Empty box for listing other race

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?

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

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

Actively looking for work

Retired

Disabled

NOT actively looking for work



40173

9. 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

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

11. 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?

12. 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