TWO RIVER THEATER

SPECTRUM

THEATER CLASSES FOR STUDENTS WITH AUTISM (AGES 10-17)

Registration & Information Form

PLEASE PRINT CLEARLY

Student Name _____

Student Age _____ Birth Date ____/____/_____ Grade in Sept. 2017 _____

School attending for 2016/17 year _____

Parent / Guardian Name(s) _____ _____

Parent / Guardian Cell Phone _____ _____

Parent / Guardian Email _____ _____

Parent / Guardian Work Phone _____ _____

Street Address _____

City _____ State _____ Zip Code _____

How did you hear about this program? _____

Health Insurance Carrier and Number _____

Doctor's Name _____ Phone _____

PERSON TO CONTACT IN AN EMERGENCY *if Parent/Guardian is not available*:

Name _____ Cell Phone _____ Relationship _____

Please describe any relevant medical conditions, including medications taken on a regular basis.

Does your child have any allergies and/or dietary restrictions? If yes, please describe.

Participants must be completely independent with their toileting needs. Does this describe your child? ☐ Yes ☐ No

Does your child have a 1:1 classroom assistant? ☐ Yes ☐ No

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SOCIAL / EMOTIONAL (please check all that apply to your child)

My child has difficulty:

- ☐ Engaging in play or leisure activities with peers
- ☐ Taking turns / sharing
- ☐ Maintaining personal space of self / others
- ☐ Commenting on the environment to others (describes, labels, names)
- ☐ Engaging in activities that are not highly preferred
- ☐ Recognizing how his / her behavior affects others
- ☐ Identifying problems / conflict
- ☐ Identifying solutions and potential consequences to problems / conflict
- ☐ Recognizing his / her own emotions
- ☐ Recognizing others' emotions
- ☐ Utilizing appropriate coping strategies when upset

COMMUNICATION LEVEL (please check all that apply to your child)

My child:

- ☐ Is verbal
- ☐ Is nonverbal
- ☐ Uses an augmentative communication system / device

(please specify): _____

- ☐ Follows verbal / nonverbal directions
- ☐ Utilizes visual supports to follow directions
- ☐ Indicates his / her likes and dislikes
- ☐ Makes requests for his / her basic wants and needs

CHALLENGING BEHAVIORS (please check all that apply to your child and describe as needed)

My child may:

- ☐ Run away _____
- ☐ Act aggressively towards self/others_____
- ☐ Shut down / withdraw _____
- ☐ Be non-compliant _____
- ☐ Is self-injurious _____
- ☐ Other _____

What behavior modification strategies do you suggest we use with your child? (Praise, material reinforcers, token system, etc.)

_____

_____

_____

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SENSORY (please check all that apply to your child)

My child:

- ☐ Avoids or seeks touch from others (please circle which)
- ☐ Avoids or seeks messy play such as playdoh, glue, and paint (please circle which)
- ☐ Plays rough in play / leisure activities
- ☐ Avoids participation in sports or active games
- ☐ Craves or avoids movement (please circle which)
- ☐ Seems to be in constant motion (loves spinning, swinging, being upside down, etc.)
- ☐ Cannot process or tolerate extremes of intensity such as color, light etc.
- ☐ Is over or under sensitive to sounds (please circle which)
- ☐ Eats non-edible items
- ☐ Dislikes strong smells/tastes

What are your child's favorite activities or interests that can be used to reinforce good behavior? (movies, characters, foods, games, music, etc)

Does your child have any specific dislikes? (sounds, smells, touch, movement, foods, etc)

What are some great things about your child that you would like us to know?

Time-Out Procedure

Two River Spectrum Theater classes use evidenced-based strategies that are designed to establish a supportive and safe environment. There may be times when a participant may feel overwhelmed, or rare occasions when the safety of class participants and/or staff is at risk. When this type of incident occurs it may be necessary to implement a time-out procedure. The goal of applying this procedure is to decrease the future occurrence of a target behavior. At Two River Theater, we will utilize two types of time-out: "exclusionary" and "non-exclusionary". **Exclusionary Time-Out** will include one of two methods - utilizing our Time-Out Room (time-out in a room attached to the classroom, created specifically to calm and relax the student until they are ready to rejoin the class), or a Hallway Time-Out (student goes outside the classroom with an aid, and stays in the hallway or lobby until they are ready to rejoin the class.) **Non-Exclusionary Time-Out** includes contingent observation, when the child must sit and watch others engage in reinforcing activities until he/she is able to rejoin the class. These procedures are carried out in a calming, supportive, and non-punitive manner.

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Ages 10-13

☐	Monday, July 17 – Friday, July 21	9:30am-10:30am	$150
☐	Monday, July 24 – Friday, July 28	9:30am-10:30am	$150

Ages 14-17

☐	Monday, July 17 – Friday, July 21	11:00am-12:00pm	$150
☐	Monday, July 24 – Friday, July 28	9:30am-10:30am	$150

Total: $ _____

See last page for Payment Info.

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Payment Info

Classes are filled on a first-come, first-served basis. Spots are limited.

All accounts must be paid in full by Thursday, June 30, 2017.

Due to Staffing Requirements, we are unable to offer Scholarships for our Spectrum Classes.
However, Payment Plans are available. Contact Kate Cordaro: 732-345-1400 x1814 or SummerCamp@trtc.org

Please see Two River Theater's Payment/Refund Policies on the Sumer Classes page at tworivertheater.org.

Please pay by check or complete credit card information below. Make checks payable to **Two River Theater.**

Circle one: MASTER CARD VISA AMERICAN EXPRESS DISCOVER

_____

Card Number Exp. Date CID / Security Code

_____

Name on Card

_____

Signature $ Total Amount

_____

Billing Address City State Zip

Please complete ALL PAGES for EACH student.

TO REGISTER: Registration forms may be…

- dropped off in person at the Two River Theater Box Office or Administrative Offices
- scanned and emailed to SummerCamp@trtc.org (if paying by credit card)
- faxed to 732-345-1414 (if paying by credit card) – Attn: Summer Theater Camp
- mailed with payment to: Two River Theater, 21 Bridge Avenue, Red Bank, NJ, 07701 Attn: Summer Theater Camp