

JEREMIAH'S PLACE

Learning Center for Special Needs Adults



Student Application

Student
Name: _____

Parent/Guardian Name: _____

Telephone
Numbers: _____
Home Work Cell

E-Mail
Address: _____
Required for you to receive group information and/or updates.

Mailing
Address: _____

Number & Street (Apt#) City State Zip

Home
Church: _____

Student Photo Release Form

I, _____ (parent/guardian) give Jeremiah's Place permission to use my Student photograph or photographic image in official Jeremiah's Place business, including: web site, newsletters, slideshows, brochures, advertising, etc. I understand that photographic images or video may be used for news organizations and promotional purposes.

I hereby waive any right that I may have to inspect or approve the finished product in which a photographic or video image may be used including the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

Yes, I agree with this Photo release form.

No, I do not agree with the release form.

Date: _____

Student
Name: _____

Parent/Guardian
Name: _____

Parent/Guardian
Signature: _____



Student Success Story

Please Print Clearly

Diagnosis

Strengths

Challenges

Preferred Activities

How does the Student communicate best?

When Student needs assistance with re-direction

1. What works well
2. What does not work well

What is the level of staffing requirements? A one on one caregiver is required to stay.

Is there a behavior plan in place for the individual? Please explain and provide a copy before attending first class. Students having a "behavior plan" will require a caregiver to stay and a code of ethics contract to be set in place. Acceptance is on a trial basis.

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Medical Waiver Information Form

Name of Student: _____

Birthdate: _____ Age: _____

Address: _____

Parent/Legal Guardian _____

Primary Phone

Secondary Phone

Cell

Medical Insurance Information

Name of Medical Insurance	
Policy Number	
Physician	Phone
Hospital	
Additional Emergency Contact Name	
Relationship to Student	

Please list any physical disabilities, health concerns, limitations, allergies, dietary restrictions:

Please list any medications currently taking:

(Jeremiah's Place does NOT assist/administer medications, including over the counter medications. This information is in case of emergency for medical professionals. This is Strictly enforced.)



Statement of Release and Liability Agreement

Parent(s)/Guardian(s) PERMISSION/MEDICAL INFORMATION

As the parent/guardian of the aforementioned student, I/we hereby give permission for the aforementioned student to participate in the activities of Jeremiahs Place. The parent/guardian is reminded that every reasonable precaution will be taken to provide for the safety and care of the student. In the event of an accident, which requires emergency care, every effort will be given to notify the parent/guardian. If the parent/guardian cannot be contacted in the event of an accident or illness, permission is also hereby granted to Jeremiah's Place Administration and/or church personnel to authorize any necessary hospitalization or medical treatment thought by said Jeremiah's Place Administration Staff and/or church personnel to be in the best interest of the aforementioned student. (A copy of this permission information will be kept on file with Jeremiah's Place Administration.) The parent/guardian hereby assumes financial responsibility for hospitalization and/or medical treatments provided.

PARENT(S)/GUARDIAN(S): As the party legally responsible for the aforementioned student, I/we have read the above and fully understand and agree to all statements and conditions. I release any liability from Jeremiah's Place Administration and its staff, volunteers, or church personnel.

Print Student Name

Date

Student Signature

Date

Print Name of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date