

# All Aboard

Providing Arts, Education & Sports to the Community

Classroom: 16300 Motor Place SE, Lynnwood, WA 98036

Mailing: 232 - 120<sup>th</sup> StreeSE, Everett, WA 98036

A. PARTICIPANT: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

RESIDENCE: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

B. MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

C. I AM LIVING IN:

- ADULT FAMILY/GROUP HOME
- PARENT'S/GUARDIAN RESIDENCE
- OWN HOUSE/APT

CAREGIVER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

D. IDENTIFY FOLLOWING (*please print*):

PRIMARY CONTACT PERSON: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL \_\_\_\_\_ EMAIL: \_\_\_\_\_

PARENT /GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DD CASEWORKER: \_\_\_\_\_ PHONE: \_\_\_\_\_

SUPPORT AGENCY: \_\_\_\_\_ PHONE: \_\_\_\_\_

E. CURRENT MEDICATION(S): \_\_\_\_\_

MEDICAL NEEDS DURING DAY: \_\_\_\_\_

PHYSICAL/BEHAVIORAL NEEDS: \_\_\_\_\_

## IN EVENT OF EMERGENCY, PLEASE CONTACT FOLLOWING PARTIES:

1<sup>ST</sup>) NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

2<sup>ND</sup>) NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

3<sup>RD</sup>) NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_