



FAMILY INTERVENTION
SERVICES, INC.

Mending Arts® Program
Participant Application 2016

GENERAL INFORMATION:

Referring School or Agency: _____ Contact Name of Referent: _____

Phone number: _____ Email address: _____

Check # _____ Child's Name: _____

Child: M F (circle one) Parent's/Guardian's Name: _____

DOB: _____

Address: _____

Mailing Address (if different from above):

Home _____ Parent/Guardian's _____ Parent/Guardian's _____

Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

STRENGTHS AND NEEDS:

Youth's Strengths: _____

Reason for Enrollment: _____

SAFETY/RISK FACTORS:

_____ Suicidal/homicidal ideation _____ Substance use/abuse _____ Fire setting
_____ Aggression/Domestic Violence _____ Runaway _____ Contagious illness
_____ Self-Injury

Explain (all checked risk factors, who, when, frequency, intensity, duration): _____

Other relevant behavioral information: _____

MEDICAL INFORMATION:

Family Doctor's Name _____

Address: _____ Phone: _____

Preferred Hospital in case of Emergency _____

Is your child under medical restrictions? _____ Yes _____ No (if yes, please explain)

Is your child taking any kind of medication? _____ Yes _____ No (if yes, please explain)

Are there any medical problems that we should be aware of? _____ Yes _____ No (if yes, please explain)

Does your child have any allergies to foods, medications or animals that we should be aware of?
_____ Yes _____ No (if yes, please explain):

Does your child have any dietary restrictions? _____ Yes _____ No (if yes, please explain)

Does your child have any special limitations or special needs (such as difficulty focusing, academic challenges or physical disabilities)? If yes, please write below:

PROGRAM PARTICIPATION SIGNATURES

I, _____, the parent/guardian of the minor _____, certify that he/she is in excellent physical health and is capable of participation in the normal activities of the Mending ArtsSM Program. I hereby give my approval of his/her participation in the Program.

I hereby release, absolve, and hold harmless Family Intervention Services, Inc. and artist/art therapists, my referral source, all other third parties that contribute to the Mending ArtsSM Program, and all of the officers, directors, agents, employees, administrators, volunteers, and shareholders of each of the foregoing from any and all claims, demands and costs arising from or related to the activities in which my child is a participant, including travel to and from activities.

Parent/Guardian Signature _____ Date _____

In the case of an emergency, I, _____, the parent/guardian of the minor _____, hereby give my consent to the Program staff of Mending ArtsSM to obtain medical/hospital treatment for the minor. If I cannot be reached when an emergency occurs, the person to contact is:

Name _____ Address _____

Phone _____ Relationship to the minor _____

(Signature of the Parent/Guardian)

(Date)

EXCHANGE OF INFORMATION

I hereby grant permission to Family Intervention Services, Inc.'s therapists to exchange information with sending agency/school clinicians/staff via fax, phone or email regarding my child's history and participation in the program.

Specify contact's name and phone: _____

I hereby release Family Intervention Service, Inc. and its offers, employees, agents, and affiliates from any and all liability that may arise as a result of this request.

(Signature of Parent/Guardian)

(Signature of child if over 14 years old)

RELEASE (optional)

I understand that Family Intervention Services, Inc. wishes to obtain the right to use my child's first name, picture, photograph, voice, and/or likeness (collectively, the "Material") for use in, among other things, displays, publications, presentations, audiotapes, videotapes, CDs or DVDs, and promotional materials regarding Mending Arts, including use on any web sites owned or operated by Family Intervention Services, Inc. Since I am willing to allow Family Intervention Services, Inc. to use the material, I hereby agree as follows:

I hereby irrevocably grant Family Intervention Services, Inc. and its subsidiaries, affiliates, agents, licensees, their successors and assigns, and those acting with its authority the unrestricted, absolute, perpetual, worldwide right to:

(a) Reproduce, copy, edit, add to, subtract from, modify or otherwise create derivatives of, or otherwise use the Material, either alone or in combination with or as a composite with other materials, including, but not limited to, text, data, images, photographs, illustrations, animation and graphics, video or audio segments of any nature, in any media or embodiment, now known or hereafter to become known, including, but not limited to, all formats of computer readable electronic magnetic, digital laser or optical-based media (the "Works"), and

(b) Use and permit to be used the Material, whether in original or modified form, in connection with the Works as Family Intervention Services, Inc. may choose, and

(c) Display, perform, exhibit, distribute, transmit or broadcast the Works by any means now known or hereafter to become known.

No Dissemination of Work If It Identifies Child

I understand that Family Intervention Services, Inc. shall not publicly display, distribute, broadcast, or publish any Communal or Individual Work that identifies my child (either by name or by appearance), unless I give my express, written permission.

(Signature of Parent/Guardian)

Date:

RELEASE (mandatory)

Communal Works

I understand that the communal literary, art, dance, drama and musical works contributed to by my child as a participant in programs of Mending Arts, (the “Communal Works”) are the property of Family Intervention Services, Inc. and Family Intervention Services, Inc. shall be deemed to be the sole and exclusive owner of all right, title and interest therein, including all copyrights. As owner, Family Intervention Services Inc. enjoys all the rights and privileges of copyright ownership and can, among other things:

- (a) Reproduce, copy, edit, add to, subtract from, modify or otherwise create derivatives of, or otherwise use the Communal Works;
- (b) Use and permit to be used the Communal Works, whether in original or modified form, in connection with, among other things, displays, publications, presentations, audiotapes, videotapes, CDs or DVDs, and promotional materials; and
- (c) Display, perform, exhibit, distribute, transmit or broadcast the Communal Works by any means now known or hereafter to become known.

Nonexclusive License to Individual Works

I hereby irrevocably grant Family Intervention Services, Inc. and its subsidiaries, affiliates, agents, licensees, their successors and assigns, and those acting with its authority the perpetual, worldwide, nonexclusive license to:

- (a) Reproduce, copy, edit, add to, subtract from, modify or otherwise create derivatives of, or otherwise use the works created by my child (“the Individual Works”);
- (b) Use and permit to be used the Individual Works, whether in original or modified form, in connection with, among other things, displays, publications, presentations, audiotapes, videotapes, CDs or DVDs, and promotional materials; and
- (c) Display, perform, exhibit, distribute, transmit or broadcast the Individual Works by any means now known or hereafter to become known.

No Dissemination of Work If It Identifies Child

I understand that Family Intervention Services, Inc. shall not publicly display, distribute, broadcast, or publish any Individual Work that identifies my child (either by name or by appearance), unless I give my express, written permission.

(Signature of Parent/Guardian) (Mandatory)

Date:

PLEASE NOTE:

Photos that do not identify children’s faces will be taken to demonstrate the program’s success. All communal work is retained by Family Intervention Services, Inc. to be used at its discretion.

Family Intervention reserves the right to discharge a child from participation in Mending Artssm at its discretion.

If you have questions, contact Allison Zeis, Program Coordinator at: 973-586-5243 ext. 320.

Please mail/email application to: Allison Zeis
20 Vanderhoof Avenue, Rockaway NJ 07866
azeis@fisnj.org

Registration fee can be mailed to the above address on or before the date of the first group
Thank you so much. We look forward to enrolling your child!