



CHILDREN'S PROGRAM

Registration Form

Parent/Guardian Name: _____

Home Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Email: _____

Do we have your permission to add you to our mailing list (we do not sell our lists)? Yes No

Child/Children's Names Attending the Program:	Age (7 - 12)/Birthday	Name of Parent(s)/Guardian(s)
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Registration can be emailed to: FamilyWellness@AshleyTreatment.org.

The information you are providing is confidential and will help the staff of the Children's Program make your child's experience a nurturing and healing one.

What were the circumstances surrounding the episode?

Was there a response/consequence to the behavior and what was? Yes No (Please explain)

Has there been any violence in the family between parents/partners? Yes No

Has there been any violence in the family directed toward children? Yes No

Do you have any particular concerns about your child/children? Yes No (Please explain)

Has your child/children participated in a support group or counseling/therapy? Yes No

If yes, name and location of counselor/therapist: _____

Telephone number of counselor/therapist: _____

Do we have your permission to contact this counselor/therapist if appropriate? Yes No

What would you like from the program?

How did you hear about the Children's Program? _____

Other comments you would like the Children's Program staff to know to better assist your child:

The best phone number to reach you or another family member in case of an emergency:

Name: _____ Phone Number: _____

Person filling out this form

Name: _____ Relationship with Child/Children: _____

RELEASE FORM

Children's Program

I am aware that participation in Ashley's Children Program involves doing some physical activities in doors and in pleasant weather, outside. Therefore my participating children must be sufficiently free of medical or physical conditions which might create undue risk. I am aware that even though the games and activities involved in the program are low-risk that there is still a potential opportunity for injury to my children and I acknowledge that I am aware of and assume all risks and wish my children to participate in the program activities. As part of the consideration for my children's participation in the Children's Program at Ashley Addiction Treatment, I agree to indemnify and hold harmless Ashley Addiction Treatment and officers from any and all liability incurred as a result of participation by myself or my child. I also agree that the terms hereof shall serve as a release and assumption of risk for heirs, executors and administrators, and for all members of my family.

Medical Information: It is necessary for us to know if your child/children has/have any medical considerations. If not, write "no", if so, please write "yes" and describe in detail. Please be specific with each child.

Child's/Children's Name: _____

Chronic medical conditions (i.e. Diabetes, Asthma, Seizures, etc): Yes No

Allergic reactions (i.e. Insect bites, stings, or poison oak, or to any medications): Yes No

Any surgeries, sprained muscles, or broken bones within the past 12 months?: Yes No

***PLEASE BRING ANY EMERGENCY MEDICATIONS THAT MIGHT BE NEEDED WITH YOU.**

(Asthma meds, epi pen etc. These may only be administered by a parent/guardian, not Ashley staff)

Please provide the name and number of an emergency contact.

Emergency Contact Name: _____

Telephone Number(s): _____

Authorization to transport and treat a minor: In the event I cannot be reached in an emergency, I hereby give permission to the person named as emergency contact to transport and authorize medical treatment of my child/children.

Signature (parent/legal guardian must sign for persons under 18)

Date

Please Print Name Here

PARTICIPANT AGREEMENT

Children's Program

Child's/Children's Name: _____

As a participant of the Children's Program, I agree to abide by the following policies and procedures:

1. I will be free of any mind-altering chemicals during participation in the program.
2. I will maintain strict confidentiality regarding whom and what I see and hear while participating in the Children's Program. I will expect the same from others regarding my own confidentiality.
3. I will be on time to all meetings and activities.

Signature (Parent/legal guardian must sign for persons under 18)

Date

Please Print Name Here

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Grievance Procedure

The Staff of Ashley Inc. strive to treat everyone with respect, dignity and in a professional manner. Should you find yourself in a disagreement with a staff member, or are concerned about the care given to your loved one, there are steps you can follow to resolve the issue.

1. Call the Clinical Director to discuss your concerns.
2. You may be asked to place your concerns in writing to the Clinical Director's attention. A written response will be returned to you within three business days indicating receipt of your written concerns. A written resolution to your concern will be returned to you within five business days following the original correspondence from the Clinical Director.
3. If this does not lead to a resolution of your concerns, the Clinical Director will arrange for you to talk to the Chief Executive Officer.
4. You also have the right to register a grievance with the Maryland Department of Health and Mental Hygiene and JCAHO.