

Dear Families and Caregivers:

We would like to welcome you to the Family Autism Community Together in Supports (FACTS) Sunday Morning Respite Program. This program is in its fourth year of operation and is dedicated in providing families respite from the day-to-day responsibilities of raising a child with a neurodevelopmental disability. In doing so, local college students are trained to work with the children in fun individualized activities. The respite program runs in the fall and spring each year. The fall and spring schedules are listed below, program times are from 11 am to 12:45 pm each Sunday at the Brockport Free Methodist Church. We are again staffed with a terrific group of student volunteers from Roberts Wesleyan College and the College at Brockport and are delighted to work with your child.

In order to confirm your child's enrollment in the program this semester, please complete the registration information at the bottom of this letter and return it electronically to our program student director Chelsea McCann at: [cmcaa5@u.brockport.edu](mailto:cmcaa5@u.brockport.edu). Should you want to bring the entire registration packet to program with you, please email or call Chelsea (518) 772-9126 to inform her that your child will be joining us. The respite program is free of charge, to assist with the cost of operation there is an annual registration fee of \$30.00 per family.

#### Sunday Respite Program Fall Schedule

10/07/12 in session  
 10/14/12 college break-no program  
 10/21/12 in session  
 10/28/12 in session  
 11/04/12 in session  
 11/11/12 in session  
 11/18/12 in session  
 11/25/12 college break-no program  
 12/02/12 in session

#### Sunday Respite Program Spring Schedule

2/24/12 in session  
 3/3/12 in session  
 3/12/12 in session  
 3/17/12 college break-no program  
 3/24/12 in session  
 3/31/12 Easter-no program  
 4/7/12 in session  
 4/14/12 in session  
 4/21/12 in session  
 4/28/12 in session  
 5/5/12 in session

Tami Sullivan, PhD, NCC  
 FACTS Program Director  
 Assistant Professor, Psychology  
 Roberts Wesleyan College  
[Sullivan\\_tami@roberts.edu](mailto:Sullivan_tami@roberts.edu)  
 585-594-6283

Chelsea McCann  
 Undergraduate Student Director  
 The College at Brockport



# F. A. C. T. S.

Family Autism Community Together in Supports

## Sunday Morning Autism Respite Program

### Registration Form

**Fall 2012**

Name of Child:	
Age and DOB:	
Name of Guardian(s):	
Address:	
Home Phone:	
Cell Phone:	
Email:	
Emergency contact name:	
Phone:	
Allergies:	
Food Allergies:	
Important Medical Info:	
Special Interests:	
Child's Strengths:	
Child's Challenges:	



I voluntarily register my child for this program and do hereby release from liability, waive, discharge and covenant not to sue Brockport Free Methodist Church, The College at Brockport, and or Roberts Wesleyan College and any of the officers, servants, agents and employees of the above-mentioned entities for any liability, claim and/or cause of action arising out of or related to any loss, damage or injury, including death, that occurs as a result of my child's participation in FACTS Sunday Morning Respite Program.

Name of Child: \_\_\_\_\_

Guardian's Name: (print) \_\_\_\_\_

Signature: \_\_\_\_\_



# F. A. C. T. S.

## Family Autism Community Together in Supports Child Information Sheet

Circle all answers that apply:

<b>My Child plays</b>		
Alone	With adults	With peers

<b>My child plays best when others are</b>			
Active	Quiet	Predictable	Creative

<b>My child</b>	
Accepts changes in routines	Transitions when directed

<b>My child communicates using</b>			
Gestures	Speech	Sign language	Other:

<b>My child</b>			
Requests what he/she wants	Indicates what he/she doesn't want	Comments about what he/she is doing	Shares how he/she feels

<b>My child communicates with:</b>	
Adults	Peers

<b>My child communicates best when others use</b>			
Simple language	Gestures	Animation	Other

<b>My child can</b>		
Make transitions to the next activity when directed	Accept when activity is interrupted to make a transition	Make transitions when an unexpected change occurs.

<b>My child</b>	
Can be comforted	Can calm self

<b>Comments:</b>



# F. A. C. T. S.

## Family Autism Community Together in Supports PHOTO RELEASE FORM

Child's Name: \_\_\_\_\_

We, \_\_\_\_\_ caregiver(s) of \_\_\_\_\_, hereby give F.A.C.T.S the right and permission to publish, without charge, photographs taken during the 2012-2013 school year, during program times held at Brockport Free Methodist Church and fundraising events.

These photographs may be used in publications, including electronic publications, or in audiovisual presentations, promotional literature, advertising, or in other similar ways.

CIRCLE ONE:

Name of Subjects MAY / MAY NOT be given.

Guardian Signature(s): \_\_\_\_\_

\_\_\_\_\_

Names of Above (please print):

\_\_\_\_\_

Month/Date/Year: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_

Primary contact can be contacted at (circle one): work home

Telephone: \_\_\_\_\_

(optional) E-mail: \_\_\_\_\_

*Disclaimer: Above information is held in confidence and is never released or sold.*

