

### Program Application

All applicants must complete the program application before starting services at The Zembrodt Education Center. Please fill out the application and return it to the education center office.

<b>Applicant Name</b>	
<b>Date of Birth</b>	
<b>Home Address</b>	
<b>Phone Number</b>	
<b>Email Address</b>	
<b>County</b>	

**PROGRAM OF INTEREST/ENROLLMENT:** Please check all that apply below.

- Transition Services
  - Career Exploration
  - Elevate Job Training
  - 1:1/Small Group
- Activities
  - Membership
  - Seasonal Sports
  - Dances
  - Vacations
  - ZEC Connect
  - Weekly Activities
- Social Communication
  - PEERS Young Adult
  - PEERS Adolescents
- Supported Employment
  - Customized
  - Traditional
  - Employment and Retention

**APPLICANT GUARDIANSHIP STATUS:**  Adjudicated    non-Adjudicated    Minor

**PARENT/GUARDIAN/CARETAKER EMERGENCY CONTACT INFORMATION:**

<b>Contact Name</b>	
<b>Relationship to Applicant</b>	
<b>Email Address</b>	
<b>Phone Number</b>	

**Zembrodt Education Center Contact**

Website: [www.zembrodteducationcenter.org](http://www.zembrodteducationcenter.org) Phone:  
(859)491-9191 Ext. 122  
Executive Director of Education: Brandon Releford, M.ED. MA.HMS  
[breleford@thepointarc.org](mailto:breleford@thepointarc.org)

**SCHOOL INFORMATION, IF APPLICABLE:**

School Name: \_\_\_\_\_

Anticipated Graduation Year: \_\_\_\_\_

**MEDICAL INFORMATION:**

Primary Diagnosis:

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Please list any food allergies, diet restrictions, medical conditions/diagnosis, or behavioral concerns:

- Seizure Disorder \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Severe Allergic Reaction requiring the use of an epi pen. Last use of pen \_\_\_\_\_
- Other \_\_\_\_\_

Please explain any of the above in detail.

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Medication will need to be administered during applicant time at Zembrodt Education Center:

- Yes
- No

List of Medications and information:

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All medications must be in a proper prescription bottle(s)/bubble pack with instructions for the administration of the medicine on the label. If there are any changes in the dosage, time, frequency, or administration of the medicine, it is the responsibility of the guardian to inform the staff member at the Zembrodt Education Center and send a paper indicating these changes right away. Please initial below for each statement.

\_\_\_\_\_ The undersigned acknowledges that the instructions on the container are accurate. Furthermore, the undersigned agrees to allow The Point's staff and or volunteers to assist, if necessary, in the administration of the medication to their son/daughter and waive any claim against the agency, staff or volunteers.

\_\_\_\_\_ I understand that if continuous one-on-one attention or medical attention is required during participation in the Activities Program or Young Adults, it is my responsibility to provide a personal attendant and pay their expenses to accompany me on the activities.

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**SUPPORT SERVICES AUTHORIZATION AND AGREEMENT:**

Please initial one of the following authorizations-

\_\_\_\_\_ I give my permission to The Point Arc’s Zembrodt Education Center to use stories and pictures of the applicant, by name in said stories, pictures, and videos, for educational and informational purposes.

\_\_\_\_\_ I do not give my permission to The Point Arc’s Zembrodt Education Center to use applicant name in stories, pictures, and videos, for educational and informational purposes.

I, \_\_\_\_\_, and the undersigned guardian do release The Point Arc’s Zembrodt Education Center, its officers, agents, employees, and volunteer(s) from all claims that might arise while this person is participating in activities that The Point has set up for their benefit. I further understand that The Point Arc does attempt to check out the facilities and locations, if possible, in which activities are held. The Point Arc cannot be held responsible for guaranteeing those aspects not owned or controlled by The Point Arc.

I have not left out any information that could be detrimental to this individual or others involved. The Point Arc’s Zembrodt Education Center does everything they can to provide a safe experience but cannot be held responsible for matters and occurrences beyond their control. I give The Point permission for the participant to be transported by staff and volunteer(s) in an agency van, personal car, or a rented van driven by staff and or volunteer(s).

\_\_\_\_\_  
Signature of guardian/individual

\_\_\_\_\_  
Date

**RELEASE OF LIABILITY:**

There are times when individuals in The Point Arc’s Zembrodt Education Center program will be riding in a Point vehicle during on-the-job experiences, weekend trips and/or to other events. I acknowledge that by signing this document, I am releasing The Point Organization and their respective agents, employees, and members from liability while riding in a Point vehicle. I have been advised to read it carefully before signing.

\_\_\_\_\_  
Signature of guardian/individual

\_\_\_\_\_  
Date

It is further understood that photos and videos may be taken of the event and that I hereby release use of such photos for editorial, trade, advertising or other purpose and I hereby release the Zembrodt Education Center, The Point/Arc of NKY and its officers and members from all claims, actions and liability relating to their use of said photographs or videos.

\_\_\_\_\_  
Signature of guardian/individual

\_\_\_\_\_  
Date

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**ADDITIONAL INFORMATION:**

Yes  No I receive services from the KY Office of Vocational Rehabilitation (OVR)

Counselor Name: \_\_\_\_\_

Yes  No I receive the Michelle P. Waiver

Yes  No I receive the SCL Waiver

How did you hear about us?

Friend  Website  School  OVR  Other \_\_\_\_\_

**FOR ACTIVITIES PROGRAM AND ZEC CONNECT ONLY:**

\_\_\_\_\_ I would like to pay my annual fee of \$100.00

\_\_\_\_\_ I would like to make quarterly payments of \$25.00

\_\_\_\_\_ I would like information on Financial Assistance

**PLEASE COMPLETE THE INFORMATION BELOW:**

I \_\_\_\_\_ authorize The Zembrodt Education Center, to immediately charge my account in the amount of \$\_\_\_\_\_ for Activities/ZEC Connect Membership or other services provided.

If you would like to use an alternative payment method (check, additional credit card, cash) for the services provided, please specify exact intent and instructions here.

\_\_\_\_\_  
Please note that if you choose to use an alternative form of payment, the payment timeframe remains the same. If the alternative method of payment has not been received by the due date the original credit card will be charged.

Billing Address: \_\_\_\_\_ Billing Phone: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Account Type:

Visa  MasterCard  AMEX  Discover

Cardholder Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ (MM/YYYY)

CVV2 Number: \_\_\_\_\_ (3 digit number on back of Visa/MasterCard or 4 digits on front of AMEX)

I authorize The Zembrodt Education Center to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the services described above. I certify that I am an authorized user of the credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

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

Date: \_\_\_\_\_

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