



Wellness G.I.F.T.S., Inc.

Family Application Form 2021

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Parent / Caregiver Name			
2 nd Parent / Caregiver Name			
Address			
Email			
Phone 1		Phone 2	

Wellness GIFTS events are for the whole family. Please provide information regarding household member(s) who will be attending the event(s).

T-shirts may not be available for virtual events. Please indicate size, and adult or youth sizing.

Name	Relationship	DOB	T-shirt size	Diagnosis, if applicable

**Registration Fees are non-refundable unless Wellness GIFTS cancels the event:
In-person event registration fee is \$50/family. Virtual event fees TBD.**

Wellness GIFTS receives funding from NYS OPWDD for individuals residing in Chemung, Livingston, Monroe, Ontario, Schuyler, Seneca, Steuben, Wayne, Wyoming, and Yates counties. By registering for this event, you consent for Wellness GIFTS to access CHOICES (NYS system for OPWDD services) for proof of OPWDD eligibility and program enrollment where applicable. Other proof of eligibility includes Notice of Decision, Letter of Enrollment in NYS Cares, OPWDD acceptance letter, and notice of OPWDD Waiver enrollment. Scholarships available.

Care Coordinator			
Ok to Contact?	<input type="checkbox"/> yes <input type="checkbox"/> no	Initials: _____	Phone # _____
Email			
Have you previously attended GIFTS retreats and events?	<input type="checkbox"/> yes <input type="checkbox"/> no		
How did you hear about Wellness GIFTS retreats and events?			
Photo Permission			
I do hereby give Wellness GIFTS, Inc. permission to use photographs and videos, with or without audio, of me and my family taken while I am attending the retreats and events for promotional, educational, or fundraising activities. I understand that these likenesses will be used to promote public awareness, understanding, and support of Wellness GIFTS, Inc.			
SIGN		DATE	

We look forward to seeing you soon!!

Please submit registration online at www.wellnessgifts.org or by email to director@wellnessgifts.org.
Call 607-684-3243 for more information. Registration is not complete until registration fee is paid.



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Please complete for In-Person Event Registration

Emergency Contact – someone who is not attending the retreat.

Emergency Contact Name		Relationship	
Cell Phone #		Alternate #	

Preferred Retreat	<input type="checkbox"/> June 18-20 <input type="checkbox"/> July 10 <input type="checkbox"/> August 7 <input type="checkbox"/> September TBD		
Wheelchair Accessibility Needed?	<input type="checkbox"/> yes <input type="checkbox"/> no <i>If yes, name of family member(s) who require accessibility:</i>		
I will bring a pet.	<input type="checkbox"/> yes <i>Current rabies vaccine certificate required. Additional fee(s) may apply</i> <input type="checkbox"/> no		
Tuition Fees *must be received 1 month prior to event. Refund may be available if your slot is able to be filled.	Adults (age 16+) \$55/person for single-day retreats; \$85/person for overnight retreats Child (age 15 & under) \$45/person for single-day retreats; \$65/person for overnight retreats		
I expect funding elsewhere to help with expenses.	<input type="checkbox"/> no <input type="checkbox"/> yes, from: _____		
I would like to be considered for scholarship.	<input type="checkbox"/> no <input type="checkbox"/> yes		

Please complete below to assist our volunteers in supporting your family.

Are there any dietary needs or food allergies we should be aware of?
Are there any medical concerns we should be aware of? Include non-food allergies.
What suggestions do you have for communicating with your child?
Please describe behaviors / triggers we should prepare for, and methods used that have been successful in managing or decreasing those behaviors. Feel welcomed to attach behavioral plans to this registration to assist in answering this question.
What else would you like us to know about your family? (for example, special occasions occurring during the retreat, interests, what you are most excited for)

Please complete for Overnight Event Registration

Lodging availability varies by hosting campground. Please indicate preference(s):	
<input type="checkbox"/> Bunk house / multi-family chateau	<input type="checkbox"/> Single-family cottage
<input type="checkbox"/> Electric, water, & sewer site	<input type="checkbox"/> Electric & water site
Wellness GIFTS will contact you to confirm arrangements prior to payment.	

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