



Hello Families,

Enclosed you will find the FRA wellness registration packet for January through June 2025. This session will begin on January 2, 2025 and end on June 27, 2025.

**The registration deadline is December 2, 2024.**

Within this packet you will find the wellness program calendar, payment breakdown, registration form, and info forms. Please complete and return the registration form along with your completed contact info forms to Alexa DellaMonica-Hassel at [adellamonica@frainc.org](mailto:adellamonica@frainc.org). Depending on the number of people registered, classes may need to be combined.

**Payment for fall classes must be made by Friday December 27, 2024.**

Please refer to the payment schedule on the third page of the packet for class costs and details. You may contact Janine-Bedford Sims at [jbedfordsims@frainc.org](mailto:jbedfordsims@frainc.org) to work out a payment plan.

**No one can begin classes until FRA receives payment or a payment plan is in place.**

Thank you,  
Alexis Spektor

# 2024-2025 Program Calendar

September 2024						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October 2024						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November 2024						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December 2024						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

January 2025						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February 2025						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

March 2025						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

April 2025						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

May 2025						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

June 2025						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

July 2025						
Su	Mo	Tu	We	Th	Fr	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

August 2025						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
Fall Session	15 weeks	15 weeks	15 weeks	14 weeks	14 weeks
Winter/Spring Session	21 weeks	24 weeks	24 weeks	24 weeks	25 weeks
Summer Session	8 weeks	8 weeks	8 weeks	8 weeks	No Program

# FRA Wellness Payment Schedule

## January 2 - June 27, 2025

### Red Bank Wellness

DANCE			
MONDAY	Dance with Jay	21 weeks	\$315
TUESDAY	Aftercare*	24 weeks	\$170
TUESDAY	Dance with Jay	24 weeks	\$360

KARATE			
WEDNESDAY	Karate with Jay	24 weeks	\$480

YOGA			
WEDNESDAY	Yoga with Patty	24 weeks	\$240
THURSDAY	Yoga with Patty	24 weeks	\$240

### Brick Wellness

YOGA			
MONDAY	Yoga with Patty	21 weeks	\$210

DANCE			
THURSDAY	Dance with Marjorie	24 weeks	\$360

# FRA Wellness Registration

## January 2 - June 27, 2025

Name \_\_\_\_\_

### Red Bank Wellness

DANCE					
MONDAY	Dance with Jay		5-6 PM		6:15-7:15 PM
TUESDAY	Aftercare*		3-5 PM	*Aftercare is available only for members that attend the day habilitation program on Tuesdays until 3PM and would like to stay at FRA from 3-5PM until dance starts at 5PM.	
TUESDAY	Dance with Jay		5-6 PM		

KARATE					
WEDNESDAY	Karate with Jay		5-6 PM		6:15-7:15 PM

YOGA					
WEDNESDAY	Yoga with Patty		9-10 AM		
THURSDAY	Yoga with Patty		9-10 AM		

### Brick Wellness

YOGA					
MONDAY	Yoga with Patty		2-3 PM		

DANCE					
THURSDAY	Dance with Marjorie		4:30-5:30 PM		

### Payment

Payment info must be selected in order for your registration to be processed.

Online payment

Check payment      Check # \_\_\_\_\_      Amount \_\_\_\_\_

Credit card       Visa       Mastercard       Discover       American Express

Credit card # \_\_\_\_\_

Expiration date \_\_\_\_\_      CVC code \_\_\_\_\_      Billing zipcode \_\_\_\_\_

Billing address \_\_\_\_\_

I authorize a one-time payment of \$ \_\_\_\_\_ to be made to the credit card listed above by FRA.

**Please make any checks payable to FRA and mail to 210 Newman Springs Road E, Red Bank, NJ 07701**  
**For security purposes FRA does not and will not keep a record of your credit card information.**

## Personal Information

Student's Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

Student Email \_\_\_\_\_

Support Coordinator Name \_\_\_\_\_

SC Email \_\_\_\_\_

SC Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

**Participants must demonstrate the ability to accept and follow reasonable rules and to behave respectfully toward others. They must also have sufficient emotional/behavioral stability and independent ability to participate in all aspects of the program.**

Name of Participant \_\_\_\_\_ Date \_\_\_\_\_

**A person over the age of 18 is considered their own legal guardian unless someone else has been appointed by the courts.**

Self Guardian \_\_\_\_\_

Name of Legal Guardian \_\_\_\_\_

Relationship of Legal Guardian \_\_\_\_\_

**If your personal or contact information changes, you must notify FRA in writing.**

**Medical Information**

Diagnosis \_\_\_\_\_

Accomodations

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Allergies

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Cardiac  Y  N    Seizures  Y  N    Diabetes  Y  N

Please explain any medical or physical concerns (ie. cardiac, seizures, diabetes, mobility, etc.)

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Fears/Concerns/Behaviors (please provide triggers for behaviors and suggestions of best intervention strategies)

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**If your medical information changes, you must notify FRA in writing.**

# FRA Consent Form

As part of FRA programs, photos and videos will be created during various activities. FRA would like to use some of these photos and videos on our websites for promotional and educational publications. Please indicate your consent below.

Student's Full Name \_\_\_\_\_

## **Photo Release Consent:**

- I hereby consent to and authorize FRA, to reproduce and use photographs/video/audio recordings, in any print, online, social media, social networking and audio/visual-based materials, as well as other promotional and educational publications as well as the FRA website.
- I do not approve of my student's photo or video being used in any format.

## **Class Trip Consent:**

- I hereby consent that my student can attend any class trips. As trips are scheduled, information and details will be provided to parents and guardians.
- I do not consent to my student attending class trips with FRA.

Parent/Guardian Name \_\_\_\_\_

Date \_\_\_\_\_

**If you wish to change your consent preferences at any time, you must notify FRA in writing.**