



Hello Families,

Enclosed you will find the FRA fall 2024 wellness registration packet. Fall classes begin on Monday, September 9 and will end on Friday, December 20.

Fall registration deadline is August 2, 2024.

Complete and return all information forms along with your class choices for the fall. Completed registration packets should be sent promptly to Alexa DellaMonica-Hassel at adellamonica@frainc.org. Depending on the number of students registered, classes may need to be combined.

Payment for fall classes must be made by Friday September 6, 2024. Please refer to the payment schedule on the last page of the packet for class costs and details. Please contact Janine-Bedford Sims at jbedfordsims@frainc.org if you need to work out a payment plan. **Students cannot begin classes until FRA receives payment or a payment plan is in place.**

Thank you,
Alexis Spektor

2024-2025 Adult 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 |
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| 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 |
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| 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 |
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| 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 | | | | | | |
|---------------|----|----|----|----|----|----|
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| 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 |
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| 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 |
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| 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 |
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| 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 CLASSES | 15 weeks | 15 weeks | 15 weeks | 14 weeks | 14 weeks |
| DAY HABILITATION | 20 weeks | 23 weeks | 23 weeks | 23 weeks | 23 weeks |
| DAY HAB SUMMER CAMP | 9 weeks | 9 weeks | 9 weeks | 9 weeks | No Program |

Wellness Class Payment Schedule

Fall Wellness: September 9, 2024 - December 20, 2024

RED BANK

| DANCE | | | |
|---------|----------------|----------|-------|
| MONDAY | Aftercare * | 15 weeks | \$100 |
| MONDAY | Dance with Jay | 15 weeks | \$225 |
| TUESDAY | Aftercare * | 15 weeks | \$100 |
| TUESDAY | Dance with Jay | 15 weeks | \$225 |

| KARATE | | | |
|-----------|-----------------|----------|-------|
| WEDNESDAY | Karate with Jay | 15 weeks | \$300 |

| YOGA | | | |
|-----------|-----------------|----------|-------|
| WEDNESDAY | Yoga with Patty | 15 weeks | \$150 |
| THURSDAY | Yoga with Patty | 14 weeks | \$140 |

BRICK

| YOGA | | | |
|--------|-----------------|----------|-------|
| MONDAY | Yoga with Patty | 15 weeks | \$150 |

| DANCE | | | |
|----------|---------------------|----------|-------|
| THURSDAY | Dance with Marjorie | 14 weeks | \$210 |



Fall Wellness Registration

September 9, 2024 - December 20, 2024

Name _____

RED BANK

| DANCE | | | | |
|---------|----------------|--|--------|--|
| MONDAY | Aftercare * | | 3-5 PM | *Aftercare is available only for students in the 5-6 PM dance class that plan to stay at FRA between goods and services class that ends at 3PM and dance class that starts at 5PM. |
| MONDAY | Dance with Jay | | 5-6 PM | 6:15-7:15 PM |
| TUESDAY | Aftercare * | | 3-5 PM | *Aftercare is available only for students in the 5-6 PM dance class that plan to stay at FRA between goods and services class that ends at 3PM and dance class that starts at 5PM. |
| TUESDAY | Dance with Jay | | 5-6 PM | 6:15-7:15 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

| YOGA | | | | |
|--------|-----------------|--|--------|--|
| MONDAY | Yoga with Patty | | 2-3 PM | |

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

PAYMENT

Online payment

Check payment Check # _____ Amount _____

Please make all checks payable to FRA and mail to 210 Newman Springs Road E, Red Bank, NJ 07701

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 by card by FRA.

NOTE: For security purposes we do 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

Allergies

Cardiac Y N Seizures Y N Diabetes Y N

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

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

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.