

Registration for Circles® Level 1: Intimacy & Relationships

Classes will begin Wednesday, January 22, 2025; 3:30-4:45PM

Please return this form to the Community Learning Center by Friday, January 17, 2025.

SB40 Community Learning Center, 1107 Country Club Dr., Kirksville, MO 63501 Phone: (660) 665-9400

Student's name: _____

Student's age: _____ Guardianship status: ____ Guardian ____ No Guardian

Address: _____

Phone #: _____

Contact person (if student cannot be reached): _____

Contact phone (if student cannot be reached): _____

Will you be able to attend class from 3:30-4:30PM on Wednesdays beginning January 22, 2025?

Circle one: Yes No

Transportation: (check one)

___ I have dependable transportation to and from the class.

___ I plan to ride KirkTran to and from the class (tickets may be available through your Service Coordinator)

___ I do not have transportation to and from classes and I cannot utilize KirkTran (explain why):

Please make sure you read the attached flyer and the list of class rules and expectations before signing below.

I have read the information provided regarding the Circles® Level 1 classes and I am willing to commit to regular participation in the classes. I understand that if I miss the weekly class, I will need to notify the Community Learning Center before the missed class, schedule a time to review the missed information, and may have homework to complete in order to keep up with the rest of the class.

Student's signature _____

To be completed for students who have legal guardians:

I hereby give my permission for _____ to participate in the Circles® Level 1 class.
(Student's name)

Guardian's signature: _____

(If you would like to know more about Circles® Level 1, Intimacy & Relationships before giving consent please call Melissa Cline or Angela Hawes at 660-665-9400)

(please MAKE SURE to complete information on the reverse side of page)

Additional information – please complete this page

Student's Name: _____

Emergency Contact Information – **Please list an emergency contact** and *fill in all that apply*:

Guardian (*if applicable*): _____

Guardian Phone Number: _____

Provider Agency (*if applicable*): _____

Provider Phone Number: _____

Other emergency contact: _____

Emergency Contact Phone Number: _____

Any information we should know in order to support the student to attend classes at the SB40 Community Learning Center (e.g., allergies, behavioral concerns, limitations to activities, etc.?)

MEDIA RELEASE – PLEASE SIGN!

_____ I hereby give my permission to the Adair County SB40 Developmental Disability Board and SB40 Community Learning Center to use the name, photographs and video/audio recordings of _____ for the purposes of marketing, advertising and educating the public pertaining to programs and functions of the ACSDDDB/SB40 Community Learning Center, including but not limited to: conference presentations, news releases, web site postings, bulletin board displays.

_____ I DO NOT give my permission to the Adair County SB40 Developmental Disability Board and SB40 Community Learning Center to use the name, photographs and video/audio recordings of _____ for any purposes.

If you are 18 or over and do not have a guardian, please check one of the above and sign and date here:

Signature Date

If you are under 18 or you have a guardian, please have your parent or guardian check one of the above and sign and date here:

Signature Relationship (guardian/parent) Date