

**FATHER MARTIN'S ASHLEY  
CHILDREN'S PROGRAM REGISTRATION FORM**

**I wish to enroll my child/children for the Children's Program on:** \_\_\_\_\_

Parent/Guardian Name: _____	
Home Street Address: _____	
City: _____	State: _____ Zip: _____
Home Phone: _____	Email: _____
Work Phone: _____	Cell Phone: _____
Do we have your permission to add you to our mailing list (we do <b>not</b> sell our lists)? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Child/Children's Names	Age/Birthday	Name of Parent(s)/Guardian(s) Attending

**Registration can be emailed to: [Ashley.Family@fmashley.com](mailto:Ashley.Family@fmashley.com) or faxed to: 410-272-5617**

Cost of Program (including lunch/snacks):

1 child \$75, 2 children \$100, 3 children or more \$125 (same family)

Make checks payable to: Ashley, Inc., Children's Program

Send to Father Martin's ASHLEY, PO Box 240, Havre de Grace, MD 21078

Check enclosed in the amount of \$ \_\_\_\_\_

Credit card can be called in to: 410-273-2227

Request for scholarship (for families in need): \_\_\_\_\_

The information you are providing is confidential and will help the staff of the Children Program make your child's experience a nurturing and healing one. Add any other information you feel is important for us to know on an additional sheet and return it with this form.

Family history of alcoholism and other drug addiction (list persons and their addictions)

**Name and relationship to child/children**

**Addiction (Drug of Choice)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the child aware of the family member's addiction? \_\_\_\_\_

Are any family members in recovery? \_\_\_\_\_ If yes, how long? \_\_\_\_\_

What is the history of the parent relationship?  Married  Separated  Divorced  
 Single  Re-married  Other

If separated or divorced, who has custody of the child/children? \_\_\_\_\_

How frequent is visitation with the non-custodial parent? \_\_\_\_\_

Child's/Children's Name: \_\_\_\_\_

Does the child/children have any problems in school? \_\_\_\_\_

Does the child/children have health problems?  No  Yes (Please explain) \_\_\_\_\_

Is the child/children currently taking any medications?  No  Yes (Type) \_\_\_\_\_

Does the child/children have stomachaches, headaches, sleeping or eating problems?  
 No  Yes (Please explain) \_\_\_\_\_

Any major life changes within the past year for your child/children? (death, separation, moves, etc.)  
 No  Yes (Please explain) \_\_\_\_\_

Has the child displayed any aggressive physical or verbal behaviors? \_\_\_\_\_

What were the circumstances surrounding the episode? \_\_\_\_\_

Was there a response/consequence to the behavior and what was? \_\_\_\_\_

Has there been any violence in the family between parents/partners?  No  Yes

Has there been any violence in the family directed toward children?  No  Yes

Do you have any particular concerns about your child/children? \_\_\_\_\_

Has your child/children participated in a support group or counseling/therapy?  No  Yes

If yes, name and location of counselor/therapist: \_\_\_\_\_

Telephone number of counselor/therapist: \_\_\_\_\_

Do we have your permission to contact this counselor/therapist if appropriate?  No  Yes

What would you like from the program? \_\_\_\_\_

How did you hear about the Children's Program? \_\_\_\_\_

Will you be staying at a hotel, bed and breakfast, etc. while participating in the program?

No  Yes If yes, where will you be staying? \_\_\_\_\_

Other comments you would like the Children's Program staff to know to better assist your child:

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The best phone number to reach you or another family member (provide name) in case of an emergency:

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Person Filling out this form \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**FATHER MARTIN'S ASHLEY**  
**Children's Program Release Form**

I \_\_\_\_\_ am aware that participation in Ashley's Children Program involves doing some physical activities in doors and in pleasant weather, outside. Therefore my participating children must be sufficiently free of medical or physical conditions which might create undue risk.

I am aware that even though the games and activities involved in the program are low-risk that there is still a potential opportunity for injury to my children and I acknowledge that I am aware of and assume all risks and wish my children to participate in the program activities. As part of the consideration for my children's participation in the Children's Program at Father Martin's Ashley, I agree to indemnify and hold harmless Father Martin's Ashley and officers from any and all liability incurred as a result of participation by myself or my child. I also agree that the terms hereof shall serve as a release and assumption of risk for heirs, executors and administrators, and for all members of my family.

Medical Information: It is necessary for us to know if your child/children has/have any medical considerations. If not, write "no", if so, please write "yes" and describe in detail. You may write longer responses on the back of this form. Please be specific with each child.

Child's/Children's Name \_\_\_\_\_

Chronic medical conditions (i.e. Diabetes, Asthma, Seizures, etc) \_\_\_\_\_

Allergic reactions (i.e. Insect bites, stings, or poison oak, or to any medications) \_\_\_\_\_

Any surgeries, sprained muscles, or broken bones within the past 12 months? \_\_\_\_\_

**Please provide the name and number of an emergency contact:**

**Name:** \_\_\_\_\_

**Telephone Number(s):** \_\_\_\_\_

Authorization to transport and treat a minor: In the event I cannot be reached in an emergency, I hereby give permission to the person named as emergency contact to transport and authorize medical treatment of my child/children.

Signature (Parent/legal guardian must sign for persons under 18) \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name Here \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name Here \_\_\_\_\_

**FATHER MARTIN'S ASHLEY**  
**Children's Program Participant Agreement**

Child's/Children's Name: \_\_\_\_\_

As a participant of the Children's Program, I agree to abide by the following policies and procedures:

1. I will be free of any mind-altering chemicals during participation in the program.
2. I will maintain strict confidentiality regarding whom and what I see and hear while participating in the Children's Program. I will expect the same from others regarding my own confidentiality.
3. I will be on time to all meetings and activities.
4. I will not fraternize with or bring any items to Father Martin's Ashley residential patients.
5. I will remain in the designated areas.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

**Grievance Procedure**

The Staff of Ashley Inc. strive to treat everyone with respect, dignity and in a professional manner. Should you find yourself in a disagreement with a staff member, or are concerned about the care given to your loved one, there are steps you can follow to resolve the issue.

1. Call the Clinical Director to discuss your concerns.
2. You may be asked to place your concerns in writing to the Clinical Director's attention. A written response will be returned to you within three business days indicating receipt of your written concerns. A written resolution to your concern will be returned to you within five business days following the original correspondence from the Clinical Director.
3. If this does not lead to a resolution of your concerns, the Clinical Director will arrange for you to talk to the Chief Executive Officer.
4. You also have the right to register a grievance with the Maryland Department of Health and Mental Hygiene and JCAHO.