

**REGISTRATION FORM**  
**The Austin Harmony Project, Inc.**  
**501(c)(3) Nonprofit program for Adults with Developmental Disabilities**  
1806 W. Stassney, Suite 106, Austin, TX 78745  
[www.theaustinharmonyproject.org](http://www.theaustinharmonyproject.org)  
Phone: 512-394-5394 Fax: 512-394-5397  
Executive Director, Tressie Seegers (cell phone): 903-780-0765  
Email: info@theaustinharmonyproject.org

**Participant's Name:** \_\_\_\_\_

\_\_\_M\_\_\_F Participant's Age: \_\_\_\_\_ Participant's Birth Date: \_\_\_/\_\_\_/\_\_\_

Mailing Address: \_\_\_\_\_ City & zip \_\_\_\_\_

Participant's Residential Address: \_\_\_\_\_ City & zip: \_\_\_\_\_

Participant's Residential Phone: \_\_\_\_\_

**Name of program or company that provides services:**

\_\_\_\_\_

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Service Coordinator: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ LON for Participant: \_\_\_\_\_

Nurse at provider: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent/Guardian**

Parent Name: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Guardian Name: \_\_\_\_\_

Guardian Phone: Work \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

**Emergency and NonCustodial Release Contacts (list in order of priority)**

Name	Cell Phone	Work Phone	Relationship to Participant	Auth. To pick up?

**Medical Care Information**

1. Any known allergies to food/drugs, insect stings, poison ivy/other plants, etc? Please specify:

\_\_\_\_\_

\_\_\_\_\_

2. Does participant require prescription medication during program hours? (yes/no specify)

\_\_\_\_\_

3. Over the counter medication safe to give? (Tylenol, Ibuprofen)

\_\_\_\_\_

4. Is he/she prone to choke? \_\_\_\_\_

**Special Instructions. Please list likes/dislikes, behavior support plan, etc...**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please List 3 things you would like to see improve with participation in Harmony's programs:**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

**Has the applicant been arrested in the past year? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**If yes, please explain:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Is the applicant prone to lash out and hit others? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**If yes, please explain:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Does the applicant have any negative or hurtful behaviors Harmony staff should be aware of? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**Continued on next page.....**

**If Yes, please explain**

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**Has the applicant been asked to leave another day program due to negative behaviors in the past year? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**If Yes, please explain**

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**The information in this application is true to my knowledge:**

**Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_**

**Relation to Applicant: \_\_\_\_\_ Date: \_\_\_\_\_**