



Technology Education Course (T.E.C.) Course Application

2016-2017

Thanks to a generous grant from the Comcast Foundation, The Arc of York County is offering a no-cost, 8-week digital literacy course for adults with intellectual disabilities. The sessions are as follows:

- **Session 1** **October 24-December 12, 2016**
- **Session 2** **February 6-March 27, 2017**
- **Session 3** **May 1-June 19, 2017**

Classes will be held on Monday evenings from 6:00-8:00 PM with the exception of Tuesday November 1 instead of Monday October 31.

Please complete the following application and return to:

**The Arc of York County
497 Hill Street
York, PA 17403**

2016-2017 T.E.C. APPLICATION

I. GENERAL INFORMATION: (Please Print)

Participant Name: _____

Date of Birth: _____ Age: _____

Address: _____
(Street) (City) (State) (Zip)

Home Telephone #: _____ Email: _____

Emergency Contact (Must list person familiar with participant, other than parent, who is available from during evening hours)

(Name) (Phone #)

MH/IDD Supports Coordinator (if applicable): _____

If the applicant does not have an open case with MH/IDD, can you provide documentation regarding the Intellectual Disability?

Yes _____ No _____

Because the grant funds are designated to serve people with intellectual disabilities, we may require documentation.

There are three sessions over the next year. Please number the sessions in order of your preference. Please do not number a session if you are unavailable for or uninterested in that session.

- 1. _____ October 24-December 12, 2016
- 2. _____ February 6-March 27, 2017
- 3. _____ May 1- June 19, 2017

Does the applicant have a criminal record? Yes _____ No _____

If yes, please explain:

Does the participant use a wheelchair or other assisted mobility device? Please explain.

Please list any other needs to be met in order for the applicant to participate in this program (communication, personal care, food allergies as there may be snacks served etc.)

The Arc of York County
Media Release Form

I hereby give my consent to all photographs, audio or video recordings taken of me or my minor child by The Arc of York County staff or their designee. I understand that any such photographs, audio and/or video recordings become the property of the The Arc of York County and may be used by the agency for educational, instructional, or promotional purposes determined by The Arc of York County in broadcast and electronic media formats now existing or in the future created.

____ Yes, I give my consent.

____ No, I do not give my consent.

Participant Name: _____
(please print)

Parent's/Guardian's Name: _____
(please print)

Parent/Guardian Signature: _____

Date: _____

