



Field Trip Registration Form Spring 2021

Field Trip locations will be provided once payments (or payment arrangements) have been made.

Please do not bring food to the Field Trips.

All participants will be expected to wear a mask correctly throughout the Field Trip.

Bathroom facilities may not be available at all Field Trip locations, so please prepare accordingly.

Participant Name _____
First Name Last Name

Date of Birth _____ Gender: Male Female Non-binary
Month Day Year

Level of Independence (choose one): Minor Guardianship Independent

Phone Number _____ Second Phone Number _____

Participant's Home Address

Street Address _____

Street Address Line 2 _____

City _____ State _____ Zip Code _____

Living status (choose one):

- Live alone with paid care providers
- Live alone with family providing care
- Live alone, no care providers
- Live in group home with paid care providers
- Live in shared housing with one roommate
- Live in shared housing with more than one roommate
- Live with family

Is the participant's mailing address the same as the home address? Yes No

Participant's Mailing Address (Complete if different from Home Address)

Street Address _____

Street Address Line 2 _____

City _____ State _____ Zip Code _____

Email _____

Confirm email address _____

What transportation will participant use to get to the Field Trip location? (choose one)

- Drive self
- Dropped off by family or care provider
- Dropped off by Clallam Connect bus
- City's fixed bus routes

Will a Family Member or Care Provider be with the participant during the Field Trip?

- Yes
- No

Name of Emergency Contact _____
First Name Last Name

Phone Number of Emergency Contact _____

Email of Emergency Contact _____

Name of Second Emergency Contact _____
First Name Last Name

Phone Number of Second Emergency Contact _____

Email of Second Emergency Contact _____

Wheelchair Dependent? Yes No

Special Communication Needs? Yes No

Please explain any special communication needs:

Sensory Issues? (check all that apply)

- Yes, sensitive to loud noises
- Yes, sensitive to flickering/strobe lights
- Yes, sensitive to bright lights
- Yes, sensitive to smells
- Yes, sensitive to touch
- Yes, sensitive to "scratchy" or other textures against skin
- Other sensory issue (Please contact Mosaic)
- No sensory issues

List all relevant allergies

List all relevant health issues

Physician Name _____
First Name Last Name

Physician Phone Number _____

Due to limited space, we may limit the number of Field Trips you may attend. Fee: \$10 per Field Trip. All Field Trips will be held from 1 to 3 pm.

Field Trips: Friday, April 23 Friday, May 28 Friday, June 25

First Choice _____

Second Choice _____

Third Choice _____

I would like to attend an additional Field Trip.

Wait list for: Friday, April 23 Friday, May 28 Friday, June 25

To finish registration, please make sure that you have also completed:

- In-Person Code of Conduct Form
- Covid-19 Liability Release Waiver
- Covid-19 Questionnaire

Thank You!

Please enclose payment with your registration form for your primary choice. Make check payable to: Clallam Mosaic.

Clallam Mosaic
301 E Lopez Ave, #4
Port Angeles, WA 98362

To make payment arrangements call: Catherine McKinney, 360-681-8642
Priya Jayadev, 360-797-3602