

## 2007 REGISTRATION FORM FOR DSACT PROGRAMS

Date: \_\_\_\_\_  
Parent Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Day phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_

**I'd like to sign up my child(ren) for a DSACT program!**

Name of Class: \_\_\_\_\_  
Dates of Class: \_\_\_\_\_  
Child(ren) with DS: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Sibling(s): \_\_\_\_\_  
Date(s) of birth: \_\_\_\_\_

### DSACT Policies and Procedures

1. Classes are free of charge to Central Texas residents with Down syndrome and their siblings. Siblings are eligible for all programs and do not have to attend the same class as their sibling with Down syndrome.
2. Pre-registration is required.
3. In the event that class registration is limited to a specific number, individuals with Down syndrome will be given first priority. Available slots will be filled by siblings based on the date application is received by DSACT (if by email or hand-delivery) or the date of the postmark (if mailed to DSACT office).
4. E-mail completed application forms to President Gerard Jimenez at [gjimenez@dsact.com](mailto:gjimenez@dsact.com) and Vice-President Lori Tullos Barta at [ltullos@dsact.com](mailto:ltullos@dsact.com) or mail to:

DSACT  
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