

**ABINGTON PARKS AND RECREATION
FUN DAY PROGRAM
Participant's Registration Form**

Program Name: Fun Day Camp
Program Director: Andrew Oles
Program Hours: 10:00 AM – 2:00 P.M.
Date/Sessions: June 21 – July 30, 2010
Site: Willow Hill Elementary School
Extended Care: None
Date Form Completed:

Section 1	Personal Information	
Participant Name:	Age:	Date of Birth:
Parent/Guardian:	Address:	Home Phone # Work Phone # Cell #
Participant/s Disability(s):	School: Teacher: Phone: Permission to contact: Yes No (see waiver on last page)	Emergency Contact Person: Phone #: Work #:

Section 2	Health Information – Part A	
A. Medical conditions (diabetes, seizures (see part B) , Asthma, allergies). Will it limit participant?	Are there any dietary restrictions or food allergies?	
Medications or uses medication devices/procedures (if so, please fill out medication profile).	Will the participant require medication distribution during Program hours? Yes No	

Health Information – Part B		
B. Type of Seizure	Date of Last Seizure	List medication(s) and give usual treatment needed.
Duration:	Warning Signs:	

Section 3	Communication
<p>What is the Participant's primary means of communication (i.e. speech is clear, gestures, sign language, difficult to understand, limited means of communication?)</p>	

Section 4	Activities of Daily Living			
Please mark an X By the Appropriate Response	Independent	Needs Some Assistance	Needs Full Assistance	Comments (i.e. assistive devices)
Mobility				
Transfers				
Eating				
Dress/Undress				
Toileting				

Section 5	Participant Behavior	
<p>A. Comment briefly on the participant's general behavior and moods (i.e. happy, cautious, shy, etc.)</p>		
<p>B. Does the participant exhibit any of the following behaviors?</p>		
Behavior	Yes or No	Comments
Withdrawn/Shy		
Easily Discouraged		
Hyperactive		
Runs Away		
Short Attention Span		
Easily Distracted		
Bites		
Physically harms self/others		
Manipulative		
Other		

<p>C. Is there a behavior management plan in place? Yes No If Yes, please explain and/or attach a copy.</p>

D. What are some motivations for the participant?

E. Does the participant have any strong fears?

Section 6	Safety		
Please check all that apply:			
<input type="checkbox"/>	Will stay with the group	<input type="checkbox"/>	Recognizes danger
<input type="checkbox"/>	Communicates name and phone #	<input type="checkbox"/>	Manages own money
<input type="checkbox"/>	Responsible for own belongings	<input type="checkbox"/>	Swims independently

Section 7	Recreation		
A. Please describe any activities in which the participant may require special assistance (i.e. cutting).			
B. Best method of assistance (check all that apply):			
<input type="checkbox"/>	Pre-teaching	<input type="checkbox"/>	Verbal Prompts
<input type="checkbox"/>	Demonstrations	<input type="checkbox"/>	Physical Prompts
<input type="checkbox"/>		<input type="checkbox"/>	Peer Buddy
<input type="checkbox"/>		<input type="checkbox"/>	Equipment/Adaptations
<input type="checkbox"/>		<input type="checkbox"/>	Hand-over-Hand
<input type="checkbox"/>		<input type="checkbox"/>	Other
Comments:			
C. Are there any activities the participant particularly likes/dislikes? + -			
D. Does the participant swim or participate in water activities? Yes No Is participant required to wear a life jacket? Yes No *Participants that have seizures or are non-ambulatory are required to wear a life jacket (See life jacket waiver)			
E. Do you have any concerns about your child's participation in traditional program activities and celebrations?			
F. Is this the first Abington recreation experience for the participant? Yes No If No, what was the name of the program>			

G. Outside of Special Ed classes in school, is this the first inclusive experience for the participant (i.e. girl/boy Scouts, church, community)? Yes No If No, please describe.

H. What are your expectations for the participant in the program (i.e. child to be more active and interact with peers)?

Section 8	Socialization		
Please check all that apply:			
<input type="checkbox"/>	Interacts with peers	<input type="checkbox"/>	Does not interact well w/peers
<input type="checkbox"/>	Does not interact well w/adults	<input type="checkbox"/>	Prefers to be alone
<input type="checkbox"/>	Prefers large groups (10 or more)	<input type="checkbox"/>	Enjoys group outings
		<input type="checkbox"/>	Interacts well with adults
		<input type="checkbox"/>	Prefers small groups (less than 10)
		<input type="checkbox"/>	Tolerance of noise levels
Comments (i.e. Child does not like loud noises):			

Section 9	Additional Information		
<p>A. Please give the name, address and phone number of two persons that you authorize to pick up the participant other than yourself:</p> <p>1.</p> <p>2.</p>			
<p>B. Is there any additional information that would be helpful to the program staff? Yes No. If Yes, please explain.</p>			

I hereby authorize Abington Township to have permission to contact my child's school teacher

Parent/Guardian

I certify that all of the information indicated on the Participant's Registration Form is complete and accurate to the best of my knowledge.

Participant or Parent/Guardian

For office use only:

(Circle One)

Support Requested

Support Declined

Support Recommendation:

Date Received:

Medication Profile Sent:

Review Meeting Date:

Staff Comments:

All participant profile information is **CONFIDENTIAL** and will
ONLY be shared with the Recreation Staff