

ST. CLOUD AREA FAMILY YMCA
INCLUSION FORM

OUR MISSION: To put Christian principals into practice through programs that build a healthy spirit, mind and body for all.



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

CAMPER INFO

Name of Camper		Age
Camp Week(s) Requesting		
Parent/Guardian Name		Phone
Address		Email

ACCOMMODATING YOUR CAMPER

What kind of accommodations will your camper need?

What is the nature of their disability?

Describe any special medical needs or allergies that we should be aware of:

Is your camper on a medication schedule that might coincide with the program schedule?

Do they need assistance with any of the following:

- Walking Grasping/Manipulating Objects Toileting Other:
 Remaining with the Group Printing and Writing Listening/Following Directions

How do they communicate?

- Verbal Non-Verbal

If Non-Verbal, describe their form of communication:

Does your camper have any history of: Wandering off Running away or threatening to flee?

BEHAVIORS

Triggers:

Preventative actions to take:

What comforts your camper?

When they are having a difficult time, what is the best way to approach your camper?

Are there specific words/phrases to use when talking to your camper?

Do they respond best to a male or female counselor? Male Female They don't show a preference

YOUR CAMPER'S SELF-CARE

What are your goals for your camper in our program?

What are their skills, strengths, and abilities?

What activities do they enjoy?

What previous kinds of programs have they participated in?

How would you describe their personality?

What are your concerns about your camper's participation in our program?

What does a successful week at camp look like to you?

Does your camper do well in large groups?

Do they do well with high-energy interaction with other campers?

Does your camper do well with high-energy activities?

Do they do well with moving place to place?

Do they do well with change?

Do they do well when they are given a schedule for the day?

Does your camper do well around water?

OFFICE USE ONLY

Date Completed Form Received



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HEALTH REPORT AND HISTORY

Check any or all that may apply:

- Does your child have an Individual Education Plan (IEP)? Yes* No
- Does your child have a Behavior Management Plan? Yes* No
- Does your child have a 504 Student Accommodation Plan? Yes* No

***A copy of a current IEP/BMP/504 Student Accommodation Plan must be turned in with the registration form and you must complete the Inclusion Information packet before program participation is authorized. Enrollment will NOT be considered final until all required processes have been met and reviewed. Although every effort is made to provide reasonable accommodations, there may be instances where a child's needs may exceed the parameters of the scope of our program. Forms can be found on the St. Cloud Area Family YMCA website.**

Has your child been diagnosed with the following:

- ADD ID Autism Down Syndrome
- ADHD ED Asperger's Cerebral Palsy
- DD ODD OCD Not Applicable
- Other: _____

Does your child have any chronic health conditions or severe allergies? Yes* No

***Additional Forms are required for enrollment of children with chronic health conditions and severe allergies. Forms can be found on the St. Cloud Area Family YMCA website.**

List any allergies; special medication or physical conditions the YMCA should be aware of, including chronic health conditions:

List any special medications and/or restrictions for child's care below:

Medication: If your child will need to take medication during program hours, a Medication Authorization form must be completed and returned to the staff along with the medication. Medication must be in the original container and labeled with your child's name, instructions (including times and amounts for dosage and the physician's name. Forms can be found on the St. Cloud Area Family YMCA website.