

Youth Ministry Inclusion Application Form

Please completely fill out one inclusion form per child, marking N/A where not applicable.



This form has been prepared to help us determine if we can provide proper supports and accommodations for your child to safely grow and thrive while attending our youth ministry programs.

Our programs are not designed to provide specialized one-on-one supervision or care for any individuals. Staff to youth ratios range from 1:6 to 1:10 based upon age-appropriate guidelines.

Upon completion of this form, a meeting will be scheduled with the Youth Development & Outreach Specialist and the Youth Development to discuss then determine if we can provide reasonable accommodations to meet your child's needs and (most importantly) keep them safe while at camp.

Contact Information

Child's Name: _____ Nickname: _____

Date of Birth: _____ School: _____ Grade: _____

Parent/Guardian(s) Name: _____

Home Address: _____

Email Address: _____

Primary Phone: _____ Work Phone: _____

Ability Profile

Describe your child's level of ability: _____

Will your child be taking medications either at home or during programming? If yes, please list the medications. (Note: Any medications dropped off must be in their original container with prescription label; the **Medication Information Sheet** must be completed before leaving the medication with the child or staff).

What type of daily assistance/ accommodations does your child need? _____

Indicate which of the following activities you foresee your child needing accommodations for in order to successfully participate. If known, please list the type of accommodation(s) requested below.

- | | | |
|-----------------------------------------|--------------------------------------|----------------------------------------|
| <input type="checkbox"/> Game Room | <input type="checkbox"/> Playground | <input type="checkbox"/> Arts & Crafts |
| <input type="checkbox"/> Swimming | <input type="checkbox"/> Electronics | <input type="checkbox"/> Transitions |
| <input type="checkbox"/> Sports or Gym | <input type="checkbox"/> Reading | <input type="checkbox"/> Other |
| <input type="checkbox"/> Rock Climbing | <input type="checkbox"/> Lunch | _____ |
| <input type="checkbox"/> Field Trips | <input type="checkbox"/> Movies | |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Assemblies | |

List three goals you would like to see your child accomplish in our program:

1. _____
2. _____
3. _____

Does your child have any previous camp or daycare experience? If so, please briefly describe the setting, structure, etc.

If known, how would you describe your child's learning style? (example: visual, auditory, kinesthetic)

List anything that upsets/stresses your child: (example: loud noises, lots of people, transitions, having to stop an enjoyable activity, etc.) _____

List techniques or "tools" that help your child calm down when stressed: (example: speaking quietly, having something to hold or "fidget" with, taking deep breaths) _____

What tips or tricks work well at home, school, or other recreation settings to help your child with the following?

- ✓ Making new friends: _____
- ✓ Speaking respectfully to others: _____
- ✓ Prevent using hands or feet in ways that might hurt himself/herself or others: _____
- ✓ Remaining with his or her assigned group: _____
- ✓ Following directions: _____
- ✓ Being helpful in group settings (teamwork, cleaning up a game, etc): _____

What positive reinforcements help your child to recognize when he or she is doing a good job? _____

I am interested in using the following support strategies for my child:

- His or her own copy of the group schedule each week
- Verbal reminders (example: "It's time to get ready for the next activity.")
- Visual reminders (pictures of the next venue or cards with "5 and 1 minute" transition warnings)
- Incentive/sticker chart
- Sensory or fidget item for calm behavior
- To sit next to staff (when and why):

Communication Journal between Counselors and Guardians

Please read the below expectations (for all participants) with your child and sign (or mark) below acknowledging your understanding. Additional age-appropriate group expectations are reviewed at the beginning of each session with the group leaders. Safety is our top priority. Accordingly, our program reserves the right to suspend or expel any participants who are repeatedly unable to adhere to the below expectations.

- 1. Stay with the group at all times.*
- 2. Keep hands, feet and all objects to oneself.*
- 3. Listen to all instructions given by staff. (If a child needs alternative ways of receiving information and instructions, please be sure to indicate such needs on this form).*

Guardian Signature: _____

Date: _____

Youth Signature: _____

Date: _____

Youth Staff Signature: _____

Date: _____