



Participant Application

Name _____

Date _____

Address _____

Birthdate _____ Grade _____ School _____

Mother's Name and Email _____

Phone _____

Father's Name and Email _____

Phone _____

Please list any activities in which your child has had previous involvement. (Community, Recreational, Extracurricular Programs, etc.)

Please list the activities in which your child is interested in participating (Scouts, Religion, Sports, School-related, Community/Recreation Programs, etc.)

Do you need more information about the activities? ☐ Yes ☐ No

If yes, please list



Please describe your child in the following areas:

Communication Skills (How well is your child able to understand and follow verbal directions? Does he or she use other forms of communication, for example, sign language?)

Level of Independence (What level of assistance would help your child feel successful?)

Please share with us any other information that would be helpful to your child's success in this program.

How do you hope your child will benefit from this activity?

Is your child enrolled in self direction? ____ Yes ____ No

If so, please put the name of the broker and contact information: _____

Would you like us to contact your child's teacher? ____ Yes ____ No

Teacher's name _____

Teacher's phone number and/or email _____

Parent's Signature _____