



# Participant Application

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address:

Birthdate: \_\_\_\_\_

\_\_\_\_\_ Grade:      School:

Mother's Name and E-mail: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Father's Name and E-mail: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Please list the activities in which your child is interested in participating (e.g.:  
Boy/Girl Scouts, School of Religion, Sports, School-related Activities,  
Community/Recreational Programs, etc.):

Activity:	Day:	Time:
_____	_____	_____
_____	_____	_____
_____	_____	_____

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? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

Teacher's Name: \_\_\_\_\_

Teacher's Phone #: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Return completed application to:

Ariel Fulbright, TIES Coordinator for Grand Island Central School District

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