



2019 Information Form

Please keep a copy of this form for your records

PARTICIPANT INFORMATION UPDATES

Name:		
Address:		
City, St, Zip:		
Phone (daytime):		E-Mail:
DOB:	Age:	<input type="checkbox"/> Negative TB Test submitted <input type="checkbox"/> Physical form
Diagnosis:		School:
Takes Medication at Program? Yes No		T-shirt ADULT: S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL <input type="checkbox"/>
Has an Epi Pen Yes No		

Same as participant PARENT/GUARDIAN INFO CASE MANAGER/FUNDER

Name		
Address		
City		
Home Phone #		
Cell #		
E-mail		

I understand illegal drugs, tobacco products, alcohol products or any weapons or explosives are not allowed while at program. I also agree that my camper will not steal, harm, destroy other's property, engage in sexual activity, fight or cause physical harm, use bad language or show disrespect to other campers or camp staff. Participation in such activities or the threat of such activity can result in removal of camp privileges and/or removal from camp. Please initial _____

Permission Form

As parent/guardian, I fully recognize and understand there are certain injury risks associated with being in a camp environment and that there is a risk of being injured while participating in camp activities such as swimming, ice skating, boating, off camp excursions. I recognize the risks involved and give permission for the camper listed above to participate in all camp activities unless otherwise noted in writing or restricted by the campers physician on the medical release. In consideration of the privilege of camp attendance, it is expressly agreed that all use of services and facilities shall be undertaken at the participant's sole risk and that the RecPlex/Village of Pleasant Prairie shall not be held liable for any claims, demands, injuries, damages, or cause of action to any camper in conjunction with participation of camp. Further, the camp, camp staff, agents will not be held liable for loss of personal property of the camper.

If serious injury or illness develops, medical and/or hospital care will be given. I further understand that I will be notified in case of serious injury or illness; however if it is impossible to contact me, I give permission to the physician selected by the program to hospitalize, secure proper treatment and to order injection, anesthesia or surgery for the camper named above. _____

I authorize my camper to travel to and from program events/field trips via program transportation. _____

I do hereby consent and agree to allow the RecPlex to use my camper's image or likeness in photos, videos, or audio for educational or promotional purposes, including posting on the internet. I agree that the use herein is done so without compensation. _____

Parent/Guardian Signature _____ Date _____

SCHEDULING

Full day program runs from 8a -5pm. Half day AM runs from 8a – 12:30p and half day PM runs from 12:30p -5p. Enrollment and attendance require 5 half days per week or 3 full days. Please circle below your dates/times of attendance. Excused Absences should be received at least a week in advance. Absences due to illness or medical will be excused along with planned vacations. Excessive missed attendance can result in loss of program placement.

ATTENDANCE			
MONDAY	HALF	AM PM	FULL
TUESDAY	HALF	AM PM	FULL
WEDNSDAY	HALF	AM PM	FULL
THURSDAY	HALF	AM PM	FULL
FRIDAY	HALF	AM PM	FULL

Extended care is offered Monday –Friday starting at 6:30a -8:00a and afternoons from 5:00p -6:30p. We staff our extended care based on the number of expected attendees. Pre-registration is required. Clients picked up after 6:30pm will incur a \$15 late fee for each occurrence. Please list approximate early arrival or late departure time.

AM Arrival time _____ PM departure time _____

EXTENDED CARE (6:30 - 8:00a or 5:00 - 6:30p)		
MONDAY	AM	PM
TUESDAY	AM	PM
WEDNESDAY	AM	PM
THURSDAY	AM	PM
FRIDAY	AM	PM

HEALTH INFORMATION & BACKGROUND

Disability(s): _____

Check or list any condition a staff member should know about:

Heart Condition _____ Seizures _____
 Diabetic _____ Eye Infections _____
 Allergic to bee stings _____ Glasses/contacts _____
 Allergic to medication _____ Headaches _____

ALLERGIES:
 Food Allergies: _____
 Medication Allergies: _____

MOBILITY	ATTENTION	TOILETING*
Ambulatory	Typical Attention span	Toilets independently
Uses Wheelchair	Needs transition assistance	Needs prompting/reminders
Wears braces	Runs/Wanders	Needs assistance/supervision
Needs assistance walking/stairs	Is easily distracted	Needs assistance with wiping
Needs assistance in pool	Needs to be active	Uses toilet schedule (please supply)
Needs assistance in bathroom	Needs frequent rests	Uses briefs (please supply 1 week at a time)

Allergic to latex _____ Dietary restrictions _____
 Food Allergy _____ Participation limits _____
 Other _____ Record of immunizations and date of last tetanus shot: _____

*We have both female and male staff. We typically have the same gender staff assist with toileting but if needed, an opposite gender staff may assist with toileting.

PERSONAL CARE	MEALS	COMMUNICATION
Can dress independently	Able eater	Communicates verbally
Needs some assistance	Needs some help/prompting	Uses communication aid
Needs complete assistance	Drinks with a straw	Uses sign language
Needs help with shoes/tying	Takes food from others	Needs 1-2 step directions
Needs help with shower/soap	Uses special utensils (please label)	Unable to communicate needs
Needs help with deodorant	Difficulty chewing/swallowing	Non-verbal but can make needs known

*If g-tube fed, please attach a written feeding schedule including times and amounts.

* Any medically prescribed meals we should know about or food restrictions?

BEHAVIOR & SAFETY	
Best way to transition	
Best way to redirect	
Best way to calm	
Behaviors when upset	
Fears/triggers/phobias	
Behavior Plan YES NO	If yes, please provide behavior plan.

Please list if there are any activities specifically not liked/enjoyed. _____

Other information not asked but we should know _____

NO behavior concerns

Behavior Concerns			
Is self-abusive		Runs away/wanders	
Abusive towards others		Difficulty with transitions	
Bites (self or others)		Does not like loud noises	
Scratches/pinches self or others		Does not like to be touched	
Grabs others		Enjoys social time	
Uses inappropriate language		Prefers activities alone	
Uses inappropriate touch		Inappropriate sexual behavior	

Please do not be offended if we ask for photo identification from you or others who pick-up your child.
 This is for the safety of all participants in our care.

Emergency pick up list – people authorized to pick up your loved one.
 (Parents are always authorized to pick up, but we may ask for ID until all staff are familiar.)

Name	Relationship	Daytime Phone Number

The following are NOT authorized to pick-up my child:

Name	Relationship	Daytime Phone Number

GOALS: Please list 1-3 goals that can be worked on during the year.

- _____
- _____
- _____