

Date: _____

Springfield JCC Camp Intake Form – Inclusion/Kehillah

Name _____ H. Phone _____
Address _____ Birth Date ___/___/___ Age ___ Grade in Fall ___
City, State, Zip _____

Parent/Guardian Information

Parent/Provider Name _____ Birth Date ___/___/___
Cell Phone _____ Work Phone _____
Email _____

Parent/Provider Name _____ Birth Date ___/___/___
Cell Phone _____ Work Phone _____
Email _____

Emergency Information

Emergency contact _____
Home Phone _____ Work Phone _____
Cell Phone _____ Relationship to participant _____

Participant Information

Diagnosis/Classification _____

Dietary Restrictions/Food Allergies _____

Primary Physician: _____ Phone: _____
Medication _____
Allergies _____

Consent for Video/Pictures

I _____ give permission for my child _____ photo or video to be used for JCC media or local newspaper. If just one place, please circle otherwise your signature is for both.

Support Agency Information

Agency if applicable: _____ Contact name: _____
Phone number: _____ Agency email: _____

Areas of Interest

Likes (i.e. hobbies, leisure activities)

Please circle the following camp activities that your child would enjoy:

Arts & Crafts	Swimming	Tarbut (Israeli Culture)	Nature & Archery
Outdoor Adventure	Sports	Tennis	Music

**We encourage our campers to try all camp activities throughout the day*

If you could do any activity, what would you do?

What are some activities (listed, or not listed above) that you would not like to do?

Areas of Need

How does the participant communicate their wants and needs? _____

Describe his/her behavior when having difficulty? (not getting his/her way)

How does he/she react to stress? Transitions?

What are some effective strategies and calming techniques that would work in a group setting? _____

Is your child toilet trained?

Is your child physically aggressive towards themselves or others?

Describe in detail the method of redirection used at home and/or at school?

How does your child display anger?

Is there any additional information which would assist your child in participating in group activities that you would want a camp counselor to know?

Please describe your child's typical social interaction with the following:

a. Siblings

b. Adults

c. Peers

School Information

School your child attends (Name & city/town)

Type of class (i.e. resource, self contained, etc.)

Percentage of school day in regular education classes: 0-25% 26-50% 51-75% 76-100%

Student/teacher ratio: _____ Does your child have a one-to-one aide? Yes No

Services received in school:

Speech OT PT Assistive Technology/AAC

Social Skills Counseling Adaptive PE Other

Out of school services:

Speech OT PT Assistive Technology/AAC

Social Skills Counseling Adaptive PE Other

Extra-curricular activities:

Camp Information

Has your child attended a summer camp before? Yes No

Has your child attended JCC summer camp before? Yes No

How comfortable is your child in the pool?

Please explain or offer any additional information you feel the program staff should be aware of for your child's safety and comfort, including any special accommodations:

PLEASE ATTACH A COPY OF ANY CURRENT BEHAVIORAL SUPPORT PLANS