



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

### Adaptive Aquatics Intake Form

Participant's Name \_\_\_\_\_ H. Phone \_\_\_\_\_  
Address \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_  
City State Zip \_\_\_\_\_

#### Parent/Guardian Information

Parent/Provider Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Parent/Provider Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_

Is English your primary language?  
Yes No  
If no, what language do you speak? \_\_\_\_\_

#### Agency Information

Agency Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

#### Emergency Information

Emergency contact \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Relationship to participant \_\_\_\_\_

#### Participant Information

Diagnosis/Classification: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
What are the medical issues we need to know about, such as seizures, diabetes, medications, swallowing water, atlantoaxial instability, toileting issues? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### 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.

**Areas of Interest**

Likes (i.e. hobbies, leisure activities) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How comfortable is the swimmer in the pool?  
\_\_\_\_\_  
\_\_\_\_\_

What are three things the swimmer wants to learn?  
\_\_\_\_\_  
\_\_\_\_\_

What are three things the caregiver wants the swimmer to learn?  
\_\_\_\_\_  
\_\_\_\_\_

What are three skills other than swimming that we should encourage?  
\_\_\_\_\_  
\_\_\_\_\_

**Areas of Need**

How does he/she communicate their wants and needs? (please circle)

**Vocally   Gestures   Pictures   First/Then Boards   Sign Language   AAC/Communication Device**

Other (please explain): \_\_\_\_\_

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

How does he/she react to stress? Transitions? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**School Information (if applicable):**

School: \_\_\_\_\_ City: \_\_\_\_\_

Classroom Student: Staff Ratio: \_\_\_\_\_ Grade: \_\_\_\_\_

What is your/your child's availability to attend lessons? Please list days and times so we can connect you with an instructor with availability.

Sunday: \_\_\_\_\_ (closes at 3:00 pm)

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_ (closes at 5:30 pm)

Saturday: \_\_\_\_\_ (closes at 3:00 pm)

Are you a member of the Springfield JCC? (circle one)

Yes                  No

If no, would you like to become a member? (circle one)

Yes                  No

If you are self pay, would you be interested in having a credit card on file for the JCC to run when a new package is needed? (circle one - if Yes, we will provide a form for you to complete for the business office to put in your file)

Yes                  No

If you are agency pay, state agency name and contact below and forward award notification letter to [Fran Eisenberg](#) in our business office.

Agency: \_\_\_\_\_

Contact: \_\_\_\_\_