## 2019-2020 Rec Center Registration Form



For office use only				
Received on:				
Details/Status				

		Age	Birth Date_	Gender
Address		City		Zip
Mother's Name	lameCell #		Ema	
Father's Name	Cell #	Work #	Ema	iil
Guardian's Name	Cell #	Work #	Ema	ail
School	District #Teacher		Permission to	Consult Teacher (if outside GS)  ☐ Yes ☐ No
	Emergency Contact/1 (other than	Fransportation Perparents/guardian)	rmission	
Name	Relationship	City	Tra	nsportation? □ Yes □ No
Home #	Cell #		Work #	
	Relationship			
Home #	Cell #		Work #	
		Behavior/Com	munication	
□ Attention seeking	□ Fear	Behavior/Com	☐ Manipulative	□ Spitting
☐ Biting	□ Fear □ Hair pulling	Behavior/Com	<ul><li>☐ Manipulative</li><li>☐ Pinching</li></ul>	<ul><li>□ Spitting</li><li>□ Steals</li></ul>
□ Biting □ Defiance/refusal	☐ Hair pulling☐ Hitting/kicking	Behavior/Com	☐ Manipulative	☐ Steals ☐ Tantrums/meltdowns
ŭ	☐ Hair pulling	Behavior/Com	<ul><li>☐ Manipulative</li><li>☐ Pinching</li><li>☐ Removal of</li></ul>	☐ Steals
☐ Biting ☐ Defiance/refusal ☐ Difficult transitions	☐ Hair pulling☐ Hitting/kicking	Behavior/Com  ☐ Self-abu	<ul><li>□ Manipulative</li><li>□ Pinching</li><li>□ Removal of clothing</li><li>□ Runs/wande rs</li></ul>	☐ Steals ☐ Tantrums/meltdowns
<ul><li>□ Biting</li><li>□ Defiance/refusal</li><li>□ Difficult transitions</li><li>□ Easily distracted</li></ul>	<ul><li>☐ Hair pulling</li><li>☐ Hitting/kicking</li><li>☐ Hyperactivity</li></ul>	□ Self-abu	<ul><li>□ Manipulative</li><li>□ Pinching</li><li>□ Removal of clothing</li><li>□ Runs/wande rs</li></ul>	☐ Steals ☐ Tantrums/meltdowns ☐ Throwing objects
<ul> <li>□ Biting</li> <li>□ Defiance/refusal</li> <li>□ Difficult transitions</li> <li>□ Easily distracted</li> <li>□ Other</li> </ul>	<ul> <li>□ Hair pulling</li> <li>□ Hitting/kicking</li> <li>□ Hyperactivity</li> <li>□ Inappropriate touching</li> </ul>	□ Self-abu	<ul> <li>□ Manipulative</li> <li>□ Pinching</li> <li>□ Removal of clothing</li> <li>□ Runs/wande rs</li> </ul>	☐ Steals ☐ Tantrums/meltdowns ☐ Throwing objects
<ul> <li>□ Biting</li> <li>□ Defiance/refusal</li> <li>□ Difficult transitions</li> <li>□ Easily distracted</li> <li>□ Other</li> </ul>	☐ Hair pulling ☐ Hitting/kicking ☐ Hyperactivity ☐ Inappropriate touching ☐ Lests and directions ☐ Responds to specific contents.	□ Self-abu	☐ Manipulative ☐ Pinching ☐ Removal of clothing ☐ Runs/wande rs sive ☐ directions ☐ R	☐ Steals ☐ Tantrums/meltdowns ☐ Throwing objects ☐ Verbal outburst
<ul> <li>□ Biting</li> <li>□ Defiance/refusal</li> <li>□ Difficult transitions</li> <li>□ Easily distracted</li> <li>□ Other</li> <li>□ Complies with verbal required</li> <li>Does participant have a special</li> </ul>	☐ Hair pulling ☐ Hitting/kicking ☐ Hyperactivity ☐ Inappropriate touching ☐ uests and directions ☐ Responds to specific behavior plan? ☐ Yes ☐ No (If yes ☐ Verbal Communication ☐ Limited No	□ Self-abu	☐ Manipulative ☐ Pinching ☐ Removal of clothing ☐ Runs/wande rs sive ☐ directions ☐ R	☐ Steals ☐ Tantrums/meltdowns ☐ Throwing objects ☐ Verbal outburst  esponds to visual supports
□ Biting □ Defiance/refusal □ Difficult transitions □ Easily distracted □ Other □ Complies with verbal requ Does participant have a spec	☐ Hair pulling ☐ Hitting/kicking ☐ Hyperactivity ☐ Inappropriate touching ☐ uests and directions ☐ Responds to specific behavior plan? ☐ Yes ☐ No (If yes ☐ Verbal Communication ☐ Limited No	☐ Self-abu Decific verbal/non-verba es, please attach if outsi Verbal Communication nication board/device	□ Manipulative     □ Pinching     □ Removal of clothing     □ Runs/wande rs  sive  directions □ R  de of Giant Steps)     □ Facilitated com     □ Other	☐ Steals ☐ Tantrums/meltdowns ☐ Throwing objects ☐ Verbal outburst esponds to visual supports

## **Medical Information**

Allergies	☐ Yes	□ No	(please list	(please list, Allergy form required)					
Blood Disorder	□ Yes	□ No	(If YES,	(If YES, a Diabetes Plan is required)					
Diabetes	□ Yes	□ No	(please de	(please describe, i.e. dairy, gluten free, etc.)					
Dietary restrictions	☐ Yes	□ No							
Down Syndrome	□ Yes □ N	No		-	□ Positive	□ Negative	□ Not	tested	
G-Tube	□ Yes □ N	lo	(If YES, pl	If YES, please attach instructions)					
Hearing Impaired	□ Yes □ N	10							
Heart Condition [	□ Yes □ N	0							
Seizures [	□ Yes □ N	0	(If YES, a	Seizure F	Plan is required)				
/isually Impaired [	□ Yes □ N	0							
Other (asthma, c	hronic illnes	s, etc.) _							
	'								
Medications (li							r Thie i	is separate from Giant Steps day school forms.	
Medication Adm	iiiiisti atioii	TOTTI IXE	LQOINED II	medicati	On 13 duministe	ed at Nec Ocine	1. 11113 1	is separate from Giant Gleps day sendor forms.	
Drug Name (Bran	nd/Generic)		Dose	Time	Reason			Side Effects	
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I hereby acknowle to inform Giant Ste							articipant	t is accurate. I also understand that it is my responsibility	
	c Center Sta	aff to seci	ure from any	licensed	hospital physician			cation there is an adverse reaction, I give my permission any treatment deemed necessary for immediate care. I	
I recognize and ac Giant Steps Rec C all claims from inju of medication. I fu	cknowledge to Center admin uries, damag rther agree to	that there histering n les and lo o indemn	are certain nedication, I lesses the partify, hold harm	risks of ph hereby full ticipant m nless and	nysical injury in con ly release or disch ay have, arising on defend Giant Step	arge Giant Steps, aut of, connected wise, its officers, age	and its of th, incide nts, empl	ering of medication to the participant. In consideration of fficers, agents, employees, and volunteers from any and ental to, or in any way associated with the administering loyees, and volunteers from any and all claims resulting tal to or in any way associated with the administering of	
Parent/Guardian	Signature							_Date	

## Personal/Physical Requirements

## **Assistive Devices**

•			nsport only in wheelch		
Does participant need assistance with transfers? ☐ Y  Transfer to chair or floor? ☐ Yes ☐ No Trans			ransfer Plan is require rant?	a)	
Please indicate if used: ☐ Stroller ☐ Walker	☐ Cane/Cru			□ AFOs	
Other Service Animal (please de	scribe)				
_ 55,1155 / 11111141 (p15455 451	<u>)                                </u>				
				Details	
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hat level of assistance does participant need?	Full	Moderate	Independent		
ating/Drinking (cuts food, uses straw, etc.)					
pileting (diapers, catheter, wiping, etc.)					
ressing/Undressing (tying shoes, pulling up swimsuit, etc.)					
oney Handling (monitor for correct change, no concept, etc.)					
eading (comprehension level, etc.)					
esponsibility (keeping track of belongings, etc.)					
afety (crossing street, water safety, etc.)					
Please select swimming ability $\square$ Cannot swim					
Needs personal floa			_		
☐ Can swim one lengtl ☐ Competitive/multi-lap			е		
Please indicate bowling need ☐ Ramp ☐	Bumpers				
Please list any information concerning the participant that Rec Center, the better we can meet each participant's ne		taff in ensuring a s	afe and enjoyable pro	gram for him/her. Reme	mber, the more
L					
Indicate friends attending Rec Center or Giant Steps _					
Parent/Guardian Signature				Data	