



## Pre-registration Inclusion Intake form *Summer at the J*

An Inclusion Intake form must be completed and approved by Camp Personnel before registering for ***Summer at the J*** – the JCCNS Summer Camp Program.

1. Please submit the Inclusion Intake form as soon as possible because resources are limited.
2. Once completed and reviewed, camp management staff will contact you to set up an appointment to meet with you and your child.
3. Please be sure all information provided below is true and accurate.
4. All information provided will be held in the strictest of confidence by the necessary JCCNS camp professionals.

Please take care to complete this form carefully, openly and honestly so that we may use the information to provide the best possible support and accommodations for your child.

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Child's name: \_\_\_\_\_ age as of July 1st: \_\_\_\_\_ grade: \_\_\_\_\_

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Camp you are applying for \_\_\_\_\_

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Dates you are applying for \_\_\_\_\_

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Total number of weeks you are applying for \_\_\_\_\_

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Parent/Guardian name:                      home phone:                      cell phone:

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Address:    e-mail:

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Emergency contact name and phone number:

**Does your child have allergies or food monitoring needs or issues? Please be specific.**

**What special needs/accommodations must staff be highly aware of?**

**What type of support does your child need to actively participate in a full inclusion camp program?**

**Please describe any limitations your child may have including: *Communication, Emotional, physical, sensory, neurological, mobility, psychological, social:***

**Is your child on an IEP or 504 plan? If yes, please attach a copy of the plan.**

**What activities does your child like to do and what motivates them?  
Does your child exhibit any emotional or physical outbursts? Are there any specific triggers that upset your child, please explain?**

**When your child is upset- what behaviors does he/she present with, and what strategies work to calm them?**

**Will your child bolt or wonder from a group?**

**What level of assistance do you expect your child to need at camp?**

**Is there any adaptive equipment, toys, or environmental adjustments that your child would need?**

**Is your child on any medications? Frequency? Dosage?**

**What are some of your child's favorite objects, foods, things or activities?**

**What type of exceptional assistance would you expect your child to need regarding the pool?**

**What are your child's abilities and comfort level regarding swimming?**

**Does your child require flotation aids? You may be asked to supply them.**

**What are your goals for your child this summer at JCCNS Inclusion Camp?**

**What would make you happiest?**

**Please provide a name and contact information for someone who has recently worked in a group setting/school with your child.**

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Name:

Title

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Phone number

e-mail

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Please sign here attesting that all information is true and accurate and reflects the true needs and abilities of your camper.

*Please return this form to the Inclusion Camp Director, Melissa Caplan, prior to any further registration. This form does not guarantee enrollment.*

*The JCCNS welcomes everyone, however resources are limited. Inclusion campers requiring significant staffing support are accommodated between the hours of 9 and 4 through week 8.*