

INCLUSION PRE-REGISTRATION INTAKE FORM

Here at the JCCNS, we believe that everyone is welcome and that includes our *Summer at the J* Camps. Our special needs Inclusion Program, led by our Inclusion Director, allows children of various ages, skills and abilities to have a positive camp experience.

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

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

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.

CHILD INFORMATION

FIRST NAME _____ LAST NAME _____

_____/_____/_____
DATE OF BIRTH (MM/DD/YYYY) Male Female

SCHOOL _____ GRADE ENTERING IN FALL _____

CAMP YOU ARE APPLYING FOR _____

DATES YOU ARE APPLYING FOR _____ TOTAL NUMBER OF WEEKS _____

PARENT/GUARDIAN

NAME _____

DAY PHONE _____ NIGHT PHONE _____

EMAIL _____

STREET ADDRESS _____

CITY/TOWN _____ STATE _____ ZIP CODE _____

EMERGENCY CONTACT

NAME _____

DAY PHONE _____

QUESTIONNAIRE

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

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

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

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

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

6. What activities or special interests does your child like? Does your child exhibit any emotional or physical outbursts? Are there any specific triggers that upset your child? If so, please explain.

(Questionnaire continues on next page.)

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QUESTIONNAIRE *(continued from previous page)*

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

8. Will your child bolt or wander from a group?

9. What level of assistance do you expect your child to need at camp?
(Consider swimming, changing, lunch, group participation, loud noises, crowded spaces, rainy day schedules)

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

11. Is your child on any medications? Frequency? Dosage?

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

13. What are your child's abilities and comfort level regarding swimming, and do they require any special equipment?

14. What are your goals for your child this summer as a camper in the JCCNS's Inclusion Program, and what would make you the happiest?

Please provide a name and contact information for someone who has recently worked in a group setting/school with your child so that we may speak with them directly.

NAME

TITLE

DAY PHONE

E-MAIL

All information on this form is true and accurate and reflects the true needs and abilities of my camper.

SIGNATURE OF PARENT/GUARDIAN

DATE

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 and when appropriate staffing needs can be met.

PLEASE RETURN THIS FORM PRIOR TO ANY FURTHER REGISTRATION TO: MELISSA CAPLAN, INCLUSION CAMP DIRECTOR, JEWISH COMMUNITY CENTER OF THE NORTH SHORE, 4 COMMUNITY ROAD, MARBLEHEAD, MA 01945.



HOW DID YOU HEAR ABOUT SUMMER AT THE J?

FRIEND

OTHER:

JCCNS.ORG

EMAIL

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