

The Club After 2 2013-2014

Participant Name: _____ Birth Date: _____

Address: _____

Parent(s) or Guardian Name: _____

Home Phone Number: (_____) _____ Cell Phone: (_____) _____

Email Address: _____

Person to call if there is an emergency: _____ (_____) _____

PHONE

People allowed to Pick Up participant (Must show ID)

School participant attends: _____

Teacher's Name: _____

of days attending and days of the week attending: 1 2 3 4 5 M Tu W Th F

Extended hours needed on the following days: M Tu W Th F

Fall I 2013 8 weeks	Fall II 2013 7 weeks	Winter 2014 8 weeks	Spring I 2014 8 weeks	Spring II 2014 7 weeks
Sept 3 – October 25	October 28 – December 20	January 2 – February 28	March 3 – April 25	April 28 – June 11*
<u>Days Off:</u> September 5 (Th)	<u>Days Off:</u> November 6 (W) November 26 (T) November 27 (W) November 28 (Th) November 29 (F)	<u>Days Off:</u> January 20 (M) January 24 (F) January 27 (M) February 17 (M)	<u>Days Off:</u> April 3 (Th) April 17 (Th) April 18 (F) April 21 (M)	<u>Days Off:</u> May 26 (M) *pending snow days

PICK UP TIME EACH DAY IS 5PM AT THE CLUB HOUSE (unless extended hours option is selected) 6PM
During winter session, Wednesday pick up will be at the main lobby.

Pricing subject to change; rates can be pro-rated depending on the days the participant attends and closure day trends and must be **approved prior to registration.**

Our after school program follows the schedule and closings of the Central Bucks School District.

If the school has an early dismissal day, the after school program is closed.

If the school closes due to inclement weather, the after school program will be closed as well.

Credits and refunds are not available for the after school program except for medical emergencies where a doctor's note can be provided

Contact: Meghan Halberstadt 215-348-8131 ext. 1136 mhalberstadt@cbfymca.org
 Club House direct line 215-348-8131 ext. 1160

Medical Information

Height: _____ Weight: _____

Participant's Specific Diagnosed Disability (ies): _____

Classification of Participant: Low Function Moderate High

Does the participant have intellectual impairment? Yes No

Falls Risk: Low Medium High

Is participant on medication that we should be aware of? Yes No

 If yes, please list medications names and dosage:

 Side effects? _____

Any other health issues that we should be aware of? (I.e. allergies, asthma, etc.)

What (if any) assistive device(s) does the participant use? (I.e. glasses, wheelchair, cane)

Is participant prone to seizures? Yes No

 If yes, please describe seizure. Time it usually lasts? Unconscious?

 What signs/symptoms can be observed before a seizure occurs? Is there anything in particular to avoid?

Observation in Cognition/Communication

Memory: _____

Receptive language (ability to comprehend): _____

Expressive language (ability to express themselves): _____

Attention/Concentration: _____

Number commands able to follow _____

Insight/Self-Awareness: _____

What specially designed instruction should instructor use?
(i.e., visual, auditory, kinesthetically instructional methods)

Observations in Behavior (mood, depression, anxiety, frustration, irritability)

Impulsivity: _____

Disinhibition (knowledge of appropriate behavior): _____

Self-monitoring: _____

Lability (excessive tearfulness, crying, or uncontrollable rage): _____

Are there any transition issues to address and how?

What and how to address behavior issues? Intervention strategies?

What are the participant's likes (toys, sports, cartoons)?

What are the participant's dislikes?

Is the participant on a specific behavior, food, or toileting program that we need to be aware of:

Does the participant have any sensitivity to temperature? Please describe:

CONFIDENTIAL

STATEMENT OF RELEASE: I understand that the Central Bucks Family YMCA and personnel cannot be held directly responsible for any injuries, thefts, and damage to persons or personal property.

Ability Programs at the Central Bucks Family YMCA is strictly a program for adapted physical activities and is not claiming to be any type of therapy for individuals with special needs. Ability Programs at the CBFYMCA does not provide personal assistants or one-on-one services. Any participant who requires an aid for behavioral or physical support must bring them to any Ability Program or function to ensure safe and successful participation.

The content of this Ability Program Participant Information Form will be available to the CBF YMCA Ability Instructors in order to appropriately create and adjust lessons for the participant.

I acknowledge that I have read the above and understand all conditions:

Participant's Name (please print)

Signature of Parent or Legal Guardian

Date

PHOTO RELEASE: On occasional pictures may be taken to promote the program: it is understood that these pictures will be taken under the supervision of the director and great care will be taken to assure that the individual will not be embarrassed by their use.

Permission is **granted** _____

Permission is **not granted** _____

For pictures to be taken of: _____
Participant's Name (please print)

Signature of Guardian/Parent

Date

Ability Programs Parent Statement of Understanding

Ability Programs at the Central Bucks Family YMCA is committed to offering premiere adapted physical activities and provides an environment that is safe and conducive to all learners. At times, we understand our participants may exhibit behaviors that stem from anxiety, stress, fear, exhaustion, etc. and the Ability staff is equipped to handle most behaviors and will use various methods to help participants decompress. On the occasions that our staff cannot, we may need to resort to our behavior protocols which are outlined below and want to ensure you are aware of:

1. 1, 2, 3 strikes is verbally assigned to the participant if they exhibit undesirable behaviors and a reminder what strikes mean and what happens after 3 strikes.
2. After the 3rd strike, the participant will be brought out of class or the lesson and the instructor will ask the parent/caregiver to help assist and correct behaviors outside of the learning environment for 5 minutes, giving them time to decompress in a different atmosphere.
3. The instructor will check back with the parent/caregiver after 5 minutes to check if the participant is ready to resume class. If they are ready, the instructor and class will welcome them back and engage them in class activity.
4. If the participant continues to exhibit undesirable behaviors, under the instructor's discretion, the participant will be advised to take the rest of the class off and will bring participant out to parent/caregiver.
 - o Due to our instructor/participant ratios, the instructor must return quickly to their class/lesson and will arrange for a time to discuss the situation.
5. If this occurs, the Instructor and Program Director will contact you within 24 hours (parent/caregiver) and discuss ways the instructor could implement suggested strategies to help increase the success of the participant or recommend a class more suitable for the participants needs.

I understand that the above is set up to ensure the safety and success of all participants in the CBFYMCA's programs ,and in order for the instructors to be fair and consistent, consequences for certain behaviors will be assigned to behaviors including but not limited to; physical aggression, destruction of property, or repeated noncompliance.

I further understand that if my child intentionally physically harms themselves or others, they may, at the discretion of the staff in charge, be asked to be picked up for the day from program involvement without going through the 1,2,3 strike rule.

I recognize that if my child requires support staff for instructional/behavior support during instructional times, that they are present during class.

I understand that if my child is participating in Ability Programs, I am, or a caregiver is, expected to wait outside of my child(ren)'s classroom for the duration of their lessons/class.

The Central Bucks Family YMCA is committed to supporting our Ability Program participants by offering trained, professional staff that are available to help with the successes of my child(ren) with disAbilities.

By signing, I acknowledge that I have read and understand the above statement:

Signature of Parent/Caregiver

Date