



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Site Location Preference:

- | | | |
|---|--------------|-------------|
| <input type="checkbox"/> YPC—Simpsonville | M/W/F | T/TH |
| <input type="checkbox"/> Caine Halter | M/W/F | |
| <input type="checkbox"/> St. Peter’s Episcopal Church—Eastside | M/W/F | |

Session Preference:

- | | | | |
|--|--------------------------------------|-------------|---------------|
| <input type="checkbox"/> Spring | <input type="checkbox"/> Fall | | |
| <input type="checkbox"/> Summer Camp: | June | July | August |

Applicant’s Name: _____ Age: _____ DOB: _____

Gender: MALE FEMALE Height: _____ Weight: _____

Address: _____ City: _____ Zip: _____

Application submitted by: _____ Relation to applicant: _____

Contact Phone #1: _____ Contact Phone #2: _____

Email: _____ Preferred Method: _____

Please provide at least two additional references (close friend, supervisor, teacher, close relative). If the applicant has recently graduated (within the last three years) from High School, a teacher contact must be provided.

Reference #1

Name: _____ Relation to Applicant: _____

Address: _____ City: _____ Zip: _____

Contact Phone #1: _____ Contact Phone #2: _____

Email: _____

Reference #2

Name: _____ Relation to Applicant: _____

Address: _____ City: _____ Zip: _____

Contact Phone #1: _____ Contact Phone #2: _____

Email: _____

SPECIAL NEEDS

Primary Diagnosis: _____

- Mild Moderate Severe Profound

Other Diagnoses: _____

Requires close (one-on-one) supervision: YES NO



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Interacts with others in a group setting: YES NO

Verbal: YES NO Communicates needs to others: YES NO

Swimming Ability: Strong Swimmer Needs Assistance Non-Swimmer Wears flotation aids

Food Allergies: _____

Drug Allergies: _____

Seizures: YES NO If yes, type: _____

Seizure Frequency: Daily Weekly Other

Describe: _____

Please provide staff any instructions that will aid in caring for your family member if a seizure occurs.

Life Skills	YES	NO	If yes, please describe
Requires assistance at mealtime.			
Requires assistance in dressing.			
Requires assistance with bathroom			
Requires assistance with hands on projects.			
Requires assistance with sport activities: (Example: Basketball)			

Check activities the applicant will likely enjoy.

- Dancing Singing Listening to Music Watching Movies Socializing Playing Sports Cooking
- Nature Walks Water & Pool Activities Crafts Using Fitness & Wellness Equipment Exercise Classes

List any other activities the applicant enjoys: _____

List any fears or preoccupations that may interfere with RECESS programming: _____



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Does the applicant have outburst or behaviors that may disrupt RECESS programming? If yes, please describe behavior: _____

Does the applicant ever display aggression to others or engage in self-inflicted injuries? _____

Does the participant ever hurt himself or herself or hurt others? If yes, please describe the behaviors and the best way to deal with them: _____

Does the applicant have a history of wandering away from supervision if not closely monitored? If yes, describe: _____

Is there anything else you would like to share for the YMCA RECESS program to understand your applicant's needs more clearly?: _____

Is the applicant receiving any other services? (Example: respite, state funded programs) If yes, describe: _____

Is the applicant employed? YES NO If yes, where? _____

Do you need financial assistance to attend the RECESS program? YES NO

Would the applicant benefit from bus transportation services offered at the Eastside YMCA in Taylors, SC? YES NO

Thank you for submitting an application for RECESS. A YMCA staff member will contact you to schedule a family intake. We look forward to meeting your family soon!

RECESS Staff