



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

RECESS APPLICATION

Site Location Preference:

- Caine Halter Family YMCA - Greenville T/TH OR M/W/F
- Eastside Family YMCA - Taylors T/TH OR T/TH/F
- Prisma Health Family YMCA - Simpsonville M/W/F
- Travelers Rest Community Church - Travelers Rest T/TH

Session Preference: Spring Summer Fall

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?:

Please list any assistive technology or devices that the applicant will need to use during programming.

Please submit the application to RECESS Program Director, Rebekah Cunningham, by emailing it to rebekah.cunningham@ymcagreenville.org or to the closest YMCA branch Welcome Desk. Once the application is received, you will be contacted by RECESS staff to schedule a family intake.

-----Office Use Only-----Do not write below this line-----

Application Received:

Scheduled Intake Date:

ADDITIONAL NOTES:
