



Getting To Know You Form

Thank you for registering your child for the Schools Out Program! We are looking forward to meeting him/her this school year! In order to best meet the needs of your child, please complete the form below. The more information you share will mean the better we can serve your child.

Once complete, you must contact the youth development director, prior to the start of school, by phone or email in order to discuss this information so that we can serve your child in the best possible way.

**Youth Development Director: Laura Nordstrom 338-3810 x110
E-mail: Lnordstrom@ymcaulster.org**

Past Experiences

Please circle or list any items that describe activities or groups in which your child has been a participant within the past two years.

Community Recreational Programs				
YMCA Camp	<i>Other YMCA Programs:</i>			
Dance	Arts and Crafts	Music	Drama	Martial Arts
Gymnastics	Baseball	Soccer	Softball	Ice skating
Roller skating	Football	Volleyball	Swimming	Basketball
<i>Other:</i>				

<i>Community Clubs/Groups:</i>
<i>Library Programs:</i>

Family Activities			
Vacations	TV	Music	Board Games
Card Games	Walks	Local Outings	Pets
Computer Games	<i>Other:</i>		

School Experiences
<i>Briefly describe your child's educational setting.</i>

Getting to Know Your Child’s Needs

Please circle one of the following for each category.

1= Independent; 2= Needs some Assistance; and 3= Depends on Adults. (Please write comments for any 2’s and 3’s that are circled.)

Comments

Communication			
Listening and Understanding	1	2	3
Communicating Needs and Wants	1	2	3
Expressing Ideas and Thoughts	1	2	3
Participating in Conversation	1	2	3

Physical Moving			
Sitting	1	2	3
Standing	1	2	3
Changing Positions	1	2	3
Getting Around	1	2	3

Participating			
Approaching Familiar Tasks/People	1	2	3
Responding to New Experiences	1	2	3
Meeting New People	1	2	3
Completing Tasks	1	2	3
Transitioning Between Activities	1	2	3

Daily Living			
Toileting	1	2	3
Eating	1	2	3
Drinking	1	2	3
Dressing	1	2	3

Additional Information

Does your child depend on an aide or caregiver? (circle one) Yes / No

If yes, please describe the role of your child’s caregiver.

Parent Tips/Re-enforcements

Please list the top 5 reinforcements you use with our child at home or you know that teachers use in a school setting (i.e. trigger words, behavior management techniques, rewards, etc.)

- 1.
- 2.
- 3.
- 4.
- 5.

For any additional information that you wish to bring to the camp's attention about your child, please feel free to attach to this form. This additional information may include the child's IEP, Section 504, teacher notes, doctor notes, or any other characteristics of your child you feel will be helpful to best meet the needs of your child in program

Please read the following statements and conclude this form with your signature and contact information.

1. If your child regularly depends on an aide or caregiver, we will need to make arrangements with you to have that aide or caregiver available. It must be understood that the use of an aide or caregiver will be at the expense of the parent or guardian. The YMCA of Kingston and Ulster County is not responsible for the expenses of using an aide or caregiver.
2. If the parent or guardian of the child does not complete this form, and the box on the child's application is checked off, the application will be deemed incomplete until further action is taken.
3. I understand that the information given is confidential and will only be shared with the people responsible for the direct supervision of my child.

Parent/Guardian Signature: _____ Date: _____

Phone Number: (_____) _____ Best Time of Day to Call: _____

**Thank you for taking the time for filling out all information completely.
We look forward to serving you and your child at the Schools Out Program!**

**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

