

Town of Oak Creek - Recreation Programs Intake Form - 2018

*All responses are for informational purposes only to help better meet your child's individual needs; answers will not disqualify participants from enrolling.

Child's Name: _____ School Attending: _____ Grade Entering: _____

Parent/Guardian Name: _____ Email: _____

Home # _____ Work # _____ Cell # _____

Has this child participated in Recreation programs with the Town of Oak Creek in the past?(Circle One) ♦ No ♦ Yes

List Program/Dates: _____

Does your child have an aide assigned to them at school? ♦ Yes ♦ No

Does your child have any specific diagnosis or circumstance that would affect how our staff would interact with them on a day to day basis? ♦ No ♦ Yes: _____

What activities does the participant like to do in his/her free time? _____

What motivates the participant? _____

Any areas of concern? _____

Expected outcomes or goals for this child: _____

Any additional information you think we should know: _____

When things aren't working: Please explain strategies you use at home or school that work: _____

Please explain strategies that do NOT work or need to be avoided: _____

Signature by Parent

Date

Print Name