

registration form

INCLUSION, ACCOMMODATION & SPECIAL NEEDS REQUEST FORM

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|---|---|--|-------|
| Participant name | | | |
| Gender: <input type="checkbox"/> M <input type="checkbox"/> F | Date of Birth | Age | Grade |
| Street address | | | |
| City | State | Zip | |
| School / Program / Camp / Class attending | | | |
| Has this participant had an accommodation plan in the past? | <input type="checkbox"/> Y <input type="checkbox"/> N | Name of programs & dates attended: _____ | |
| Parent/guardian name | | E-mail address | |
| Home phone | Work phone | Cell phone | |
| Parent/guardian name | | E-mail address | |
| Home phone | Work phone | Cell phone | |
| Special Needs Please select if any accommodations are needed in the following areas | | | |
| <input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD) | <input type="checkbox"/> Developmental Disability | | |
| <input type="checkbox"/> Autism Spectrum Disorder (Autism, Asperger's Syndrome, etc.) | <input type="checkbox"/> Low Vision / Legally Blind | | |
| <input type="checkbox"/> Behavioral / Emotional Disorder | <input type="checkbox"/> Use Mobility Aid (i.e. wheelchair, braces, etc.) | | |
| <input type="checkbox"/> Deaf or Hard of Hearing | <input type="checkbox"/> Other: please elaborate | | |
| Acknowledgement Release | | | |
| I agree to release the information from my child/dependant's IEP (Individualized Education Program) and provide a copy of his/her IEP to the City of Virginia Beach Parks and Recreation Inclusion Specialist. | | | |
| I agree to give permission to the City of Virginia Beach Parks and Recreation Inclusion Specialist(s) to contact my child/dependant's teacher to discuss the information given in the IEP. | | | |
| <ul style="list-style-type: none">• I understand that this service is not designed for therapeutic or one-on-one care.• I understand that the Inclusion Specialist does not dictate the structure of the program, and should I have concerns about the structure of the program, I should contact the program supervisor.• I understand it is my responsibility to provide the Inclusion Specialist with the most current information on my child/dependant and his/her abilities to assist in making accommodations to meet his/her needs.• I understand it is my responsibility to let the Inclusion Specialist know if there are any changes to the information I have provided on my child/dependant as soon as a change occurs.• I understand it is my responsibility to inform the Inclusion Specialist for each program my child/dependant signs up for in which I wish to have his/her accommodations in place.• I understand that my child's/dependant's Accommodation Plan does not exempt him/her from following the Virginia Beach Parks & Recreation program rules and consequences. The accommodations in place may assist him/her in meeting these rules, but does not exempt him/her from following them.• I understand that if my child/dependant is unable to comply with these rules, even with use of the accommodations in place, he/she will be subject to the City of Virginia Beach Parks and Recreation disciplinary procedures. Parent conferences, probationary periods and suspensions are some of the steps that may be taken to ensure children and families are aware their placement in the program is in jeopardy. In some cases, children may be subject to emergency suspension or expulsion if their behaviors are beyond our staff's ability to control. | | | |
| Parent/guardian signature & date | | | |
| Parent/guardian signature & date | | | |
| Inclusion Specialist signature & date received | | | |