



North East Westchester Special Recreation, Inc.

63 Bradhurst Avenue
 Hawthorne, NY 10532
 Phone: 914-347-4409 | Fax: 914-347-5054
www.northeastspecialrec.org

Participant Information Form

(Must be updated every 3 years)

Last Name		First Name		Nickname
Birthdate		Age	Sex	Social Security Number
Primary Phone			Primary Email	
Address				
City		State		Zip

Municipality where you pay your Town/Village Taxes: _____

Parent/Guardian 1				
First Name		Last Name		Relationship
Phone		Email		
Address				
City		State		Zip
Parent/Guardian 2				
First Name		Last Name		Relationship
Phone		Email		
Address				
City		State		Zip
Parent/Guardian 3				
First Name		Last Name		Relationship
Phone		Email		
Address				
City		State		Zip



North East Westchester Special Recreation, Inc.

63 Bradhurst Avenue

Hawthorne, NY 10532

Phone: 914-347-4409 | Fax: 914-347-5054

www.northeastpecialrec.org

Emergency Contact 1		
First Name	Last Name	Relationship
Phone	Email	
Emergency Contact 2		
First Name	Last Name	Relationship
Phone	Email	

Medical Insurance Information	
Company	Policy/Claim Number
Phone	Address

Physician's Name: _____ Phone: _____

Physician's Address: _____

PARENT'S AUTHORIZATION

(Please do not cross out any portion of this authorization. This statement must be approved in its entirety).

The information in this application is correct as far as I know. The applicant has permission to take part in all North East Westchester Special Recreation, Inc. activities, to include swimming, as noted by me or by the examining physician. I understand that every attempt will be made to contact me in case of an emergency. In the event I cannot be reached, I give consent to emergency transportation, x-rays, medical treatment(s), surgery or dental care for above applicant. I agree to assume responsibility for charges so incurred. I give North East Westchester Special Recreation, Inc. permission to have access to school or work records. (All information will remain confidential.) I understand that photographs/videos taken at North East may be used by the agency for promotional purposes and documentation of specific activities. We are continually assessing our programs and those who participate in them. When we conduct our initial intake, we will discuss with you the fact that we reserve the right to change placement as we deem appropriate; although we will discuss this with those involved, the final decision will be made by North East.

(Parent/Guardian Signature)

Date



North East Westchester Special Recreation, Inc.

63 Bradhurst Avenue
Hawthorne, NY 10532

Phone: 914-347-4409 | Fax: 914-347-5054

www.northeastpecialrec.org

Psychosocial Considerations

Communication:

- Verbal: _____
- Non-Verbal: _____
- Sign: _____
- PECS: _____
- Read/Write: _____
- Communication Device: _____
- Other: _____

Understands best with:

- Verbal: _____
- Non-Verbal Cues; Gestures: _____
- Reading: _____
- Pictures: _____
- Communication Device: _____
- Physical Assistance: _____
- Other: _____

Describe response to:

- One to One Interactions: _____
- Physical Contact: _____
- Group Situations: _____
- New Situations: _____
- Other: _____

Behavior/General Disposition:

- Generally Easygoing Unsure of New Situations Wanders
- Helpful Temper Tantrums Shy/Withdrawn



North East Westchester Special Recreation, Inc.

63 Bradhurst Avenue
Hawthorne, NY 10532
Phone: 914-347-4409 | Fax: 914-347-5054
www.northeastsspecialrec.org

Describe:

What is challenging for your child? (ex. Loud noises, crowds, lack of structure): _____

What are some challenging behaviors we might encounter? _____

Under what circumstances do these behaviors typically occur? (ex. Hungry, tired, overwhelmed, too loud): _____

What strategies do you use to prevent or mitigate these behaviors? _____

Any specific fears? _____

What reinforcement strategies do you use with your child? _____

Any recent important personal/family events that may affect your child emotionally? _____



North East Westchester Special Recreation, Inc.

63 Bradhurst Avenue

Hawthorne, NY 10532

Phone: 914-347-4409 | Fax: 914-347-5054

www.northeastpecialrec.org

Health Considerations

Describe Any:

- Allergies: _____
- Epi-Pen: Yes No
- Seizure History: Grand Mal Petite Mal No History
- Dietary Restrictions: _____
- Visual Impairments: Blind Glasses N/A
- Hearing Impairments: Hearing Aids Deaf N/A
- Ambulatory Deficits: Wheelchair Walker N/A
- Other Physical Limitations: _____

Please List Medications Used and their purpose:

LEISURE INTEREST FINDER

(Please check all that are interesting to the participant)

Outdoor, Sports & Physical Activities

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Bowling | <input type="checkbox"/> Rock Climbing | <input type="checkbox"/> Billiards | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Basketball | <input type="checkbox"/> Aerobic Dancing | <input type="checkbox"/> Sleigh Riding |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Fishing | <input type="checkbox"/> Bike Riding | <input type="checkbox"/> Hiking |
| <input type="checkbox"/> Roller-Skating | <input type="checkbox"/> Gardening | <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Skiing |
| <input type="checkbox"/> Walk | <input type="checkbox"/> Softball | <input type="checkbox"/> Ping Pong | <input type="checkbox"/> Jog/Run |
| <input type="checkbox"/> Horseback Riding | <input type="checkbox"/> Hockey | <input type="checkbox"/> Football | <input type="checkbox"/> Soccer |

Social, Creative & Expressive Activities

- | | | | |
|--|--------------------------------------|--|--|
| <input type="checkbox"/> Visit with Friends | <input type="checkbox"/> Dance | <input type="checkbox"/> Listening to Music | <input type="checkbox"/> Nature Study |
| <input type="checkbox"/> Write Letters | <input type="checkbox"/> Shopping | <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Singing |
| <input type="checkbox"/> Attend Parties | <input type="checkbox"/> Eating Out | <input type="checkbox"/> Cooking | <input type="checkbox"/> Musical Instruments |
| <input type="checkbox"/> Volunteering | <input type="checkbox"/> Table Games | <input type="checkbox"/> Dramatics | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Attend Community Events | | <input type="checkbox"/> Writing Poems/Stories | |

Quiet Activities

- | | | | |
|--|----------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Keep Collections | <input type="checkbox"/> Reading | <input type="checkbox"/> Sleeping/Resting | <input type="checkbox"/> Watch T.V. |
| <input type="checkbox"/> Other Activities: | _____ | | |



North East Westchester Special Recreation, Inc.

63 Bradhurst Avenue
Hawthorne, NY 10532

Phone: 914-347-4409 | Fax: 914-347-5054

www.northeastpecialrec.org

FAMILY INFORMATION

(Please complete the following section, so we can better serve your child)

Family Composition:

- 1.) Are both parents living and at home? Yes No
- 2.) Names & Ages of siblings living at home: _____

- 3.) Names & Ages of siblings living away from home: _____

- 4.) Disabilities/special needs of other family members in home: _____

- 5.) Other family members living in home: _____

Employment:

Parent/Guardian 1 Employer			
First Name	Last Name		Relationship
Business		Position	
Address			
City	State	Zip	Phone
Parent/Guardian 2 Employer			
First Name	First Name		First Name
Business	Business		
Address			
City	City	City	
Parent/Guardian 3 Employer			
First Name	First Name		First Name
Business	Business		
Address			
City	City	City	



North East Westchester Special Recreation, Inc.

63 Bradhurst Avenue
Hawthorne, NY 10532
Phone: 914-347-4409 | Fax: 914-347-5054
www.northeastspecialrec.org

Community Service Involvement:

Please list organizations, clubs, boards, etc. on which you currently serve or have served in the past:

Organization	Role	Dates

Family Leisure Information:

Please list activities that the family enjoys doing together:

Would you be interested in sharing your skills with North East? Yes No

If yes, please check:

- | | | |
|--|--|---|
| <input type="checkbox"/> Craft Skills | <input type="checkbox"/> Music Skills | <input type="checkbox"/> Group Leadership |
| <input type="checkbox"/> Business Skills | <input type="checkbox"/> Homemaking Skills | <input type="checkbox"/> Sports Skills |
| <input type="checkbox"/> Other | | |

Additional comments: _____

Religious Affiliation: _____

Day Involvement:

School/Agency/Workshop	
Address	
Contact Person	
Title	Phone

Parent/Guardian Signature: _____ Date: _____