



# YMCA SCHOOL AGE SERVICES

## Child with Special Needs Additional Information Form

Thank you for your interest in our Fun Company Program. The program specializes in group child care and is an inclusive school age program that recognizes each child's uniqueness. Please help us learn about your child's special needs and about his/her ability to manage everyday tasks or situations that are common in our school age program. Our desire is to work with every child and family so that the child can participate in our program. We will make reasonable changes in our program toward that goal, but we must also note that there are some circumstances that cannot be reasonably accommodated, and ask for understanding when that is the situation.

**Please provide this form to your county's Program Specialist.**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

School Attending: \_\_\_\_\_

Please summarize any issues and/or special needs and how this affects your child's care and/or education:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child currently have any of the following? Check all that apply.

Yes  No One-on-One Assistance or Aid at school? If yes, how do they assist?

\_\_\_\_\_

Yes  No IEP or IFSP? If yes, please provide a copy.

Yes  No Additional equipment used by your child? If yes, please list.

\_\_\_\_\_

Yes  No Require a special diet? If yes, please explain.

\_\_\_\_\_

Thank you for sharing more information about your child.

Please check the time that would be most convenient for us to meet.

Monday-Friday 8 a.m.-Noon  Monday-Friday 1-6 p.m.

Parent/Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_