

Aqua Buddies

A pool program of Upstate Cerebral Palsy for children with special needs

Application

Child's Name: _____ Nickname: _____

Date of Birth: _____ Age: _____ Grade: _____

Home Address: _____

County: _____ Home Phone: _____ Cell Phone: _____

School Attending: _____

Parent/Guardian Name(s): _____ Relationship: _____

Child's Diagnosis/Special Needs _____

Any health concerns: _____

Family/Parent e-mail: _____

Medicaid Service Coordinator (if applicable): _____

Cost is \$85. Please bring Application and Payment to your child's first session.

Aqua Buddies

What does your child like to do? What are his interests?

What activities does your child dislike? Are there activities he/she will not do?

Can your child swim?

In school, what is your child's educational placement? Does your child have an aide?

Describe any sensory issues your child may have (loud noises, touch, etc.)

Please describe any behavioral concerns for your child. What usually causes these behaviors? What are some effective ways to deal with them?

Please explain any special precautions that should be taken when interacting with your child (biting, hitting, scratching, doesn't like to be touched, etc.)

What else would you like us to know about your child?